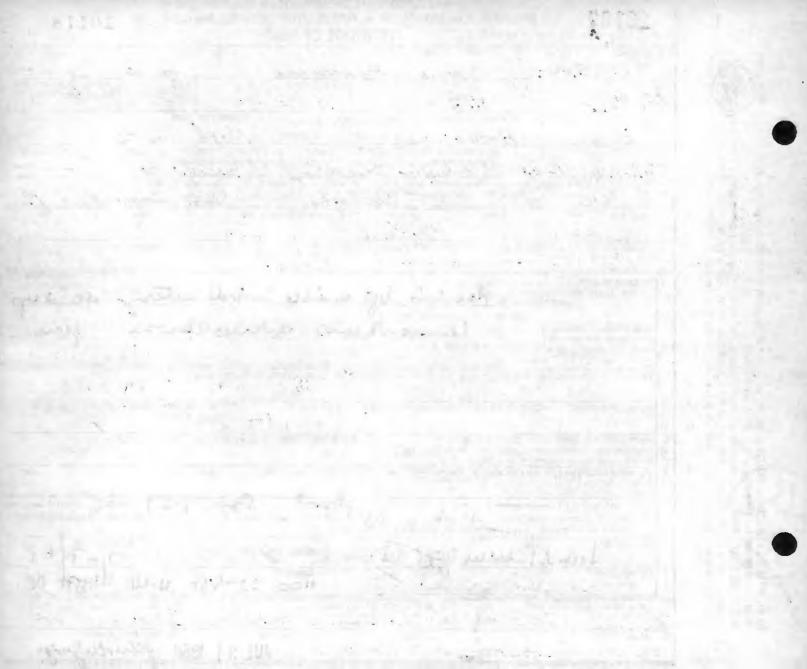
MAKTLANU STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 19106 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR deoth. 68 Year (Type or print) By filled in by the funeral polynomial papers. Pages I and within 72 hours after deat 24 hours after deat 6. AGE (In years last brillylay) 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR OAYS HOURS - EMALE YRS 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED MONTGOMERY WIDOWED TO DIVORCED [ 10. CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY signed by the ottending physicion ond completely burial-tronsit permit. Then please remove corbon burial, cremotian, or removal, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY YES NO 8006 GREENWOOD TAKEMA 14. FATHER'S NAME Middle Lost THER'S MAIDEN NAME First Middle 160. WAS DECEASED/EVER IN U.S. ARMED FORCES? AL SOCIAL SECTIFITY NO Yes, no. or unimowa) (If yes give war o 0654 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) use as the later to the hos been 2111 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO 🔽 director, page 3 should be detached for use should be filed with the State Dept. of Health Page 4 may be retained by the haspital or this certificate 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work O FUNERAL DIRECTOR: After causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATUR 22c. DATE SIGNED **ATTENDING** MED DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATOR LOCATION (City or Stot 25b. REGISTRAR'S SIGNATUR VR A15 (4) 30M REV. 1/68

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20400	DIVISION OF VITAL RECORD	OS, 301 W. PRESTON STREET, B	ALTIMORE, MARYLAND 21201	10119
10100		CERTIFICATE OF DEAT	'H	2224
	st Middle	lost	20. DATE OF DEATH	2b. HOUR
(Type or print)	DIEC D	ADAMS	July 2 Month 1968	Year 8:50pm
				IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male	White	5-18-82	last birthday) 86 YRS.	MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (Stote or fareign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NUMBER OF DIVORCED	9. COUNTY OF DEATH Montgomery	Md
10. CITY OR TOWN OF DEATH	give street oddress).	durin	USUAL OCCUPATION (Kind of work done ng most of working life, even if retired.)	126. KIND OF BUSINESS OR INDUSTRY WAS DURY
130. USUAL RESIDENCE (Where deco	osed lived, if institution: Residence before	ire 13c. CITY OR TOWN 13d. INSIDE	CITY LIMITS? 13e. STREET AND NUMBER	102
		TO CALLOPIANTE CA		lost
14. PATRICK 3 NAME PIIST	4.	15. MOINER 3 MAIDEN NA	N= middle	
16o. WAS DECEASED EVER IN U.S. A Yes, no, or unknown) (11 yes gr	RMED FORCES? 16b. SOCIAL SECURI	0 -0 - 1 - 1 -	Denham - Daughter	Zower e Rd. S. S. Md. Same address.
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMME Canditions, if any, which governs the insert a immediate cause (o stating the underlying couslost.  PART 2. OTHER SIGNIFICANT (I STATE OF OPERATION IS INDERED IN OR CONTRIBUTING CAUSE OF COURT (I STATE OF OPERATION IS INDERED IN OR CONTRIBUTING CAUSE OF COURT (I STATE OF OPERATION IS INDERED IN OR CONTRIBUTING CAUSE OF COURT (I STATE OF OPERATION IS INDERED IN OR COURT (I STATE OF OPERATION IS INDERED IN OR COURT (I STATE OPERATION)  220. I CETTIFY THAT (I STATE OF OPERATION)  230. BURIAL, CREMATION, REMOVAL (Specify)  230. BURIAL, CREMATION, REMOVAL (Specify)	ONLY ONE COUSE PER line for (a) (b), ond SED BY: DIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE (c)  ONDITIONS CONTRIBUTING TO BEATH BU  CONDITION FOR WHICH OPERATION WAS CONSEQUENCE (c)  ONDITION FOR WHICH OPERATION WAS CONSEQUENCE (c)  ONDITION FOR WHICH OPERATION WAS CONSEQUENCE (c)  LINE STATE (AT HOME, FARM, STREET OFFICE BUILDING, ETC.  ON DIATE (23c. NAME)  23c. NAME  23c. NAME  23c. NAME	OF	CAUSES OF DEATH?  (Enter nature of injury in Port 1 or Part 2,  D. No.  City or Town  MED.  DIRECTOR  STAFF  DIRECTOR  23d. LOCATION (City or Town)  Prince Leonges	County State  County State  County State  County State  County And (I) (we) last and hour and from the and hour and from the hour and hour and from the hour and hour and from the hour and hour
	(Type or print)  3. SEX  Male  7a. BIRTHPLACE (Stote or fareign country)  10. CITY OR TOWN OF DEATH  Silver Sprin  13a. USUAL RESIDENCE (Where deceadmission) STATE  14. FATHER'S NAME First  Samuel  16b. WAS DECEASED EVER IN U.S. A Yes, no, or unknawn) (If yes given in the part I. DEATH WAS CAULTING IN THE PART I. DEATH WAS CAULTING IN THE PART I. DEATH WAS CAULTING IN THE PART I. OTHER SIGNIFICANT CONTRIBUTING CAUSE OF DEATH (Enter PART I. DEATH WAS CAULTING IN THE PART I. OTHER SIGNIFICANT CONTRIBUTING CAUSE OF DEATH (Enter PART I. DEATH WAS UNDERLY IN THE PART I. OTHER SIGNIFICANT CONTRIBUTING CAUSE OF DEATH (Either, notify medical exotory in the part of t	DIVISION OF VITAL RECORD  1. DECEASED-NAME (Type or print)  3. SEX  MEALE  70. BIRTHPLACE (Stote or fareign country)  10. CITY OR TOWN OF DEATH  SILVER SPRING  130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)  14. FATHER'S NAME  160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)  18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE (c)  Stating the underlying couse lost.  18. DATE OF OPERATION 19b. CONDITIONS CONTRIBUTING TO BEATH BUT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT OF WHICH OPERATION WAS CAUSED BY:  18. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS CAUSED BY:  19. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS CAUSED BY:  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC. OFFICE BUILDING,	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, B  CERTIFICATE OF DEAT  I. DECERSED-NAME (Type or print)  3. SEX  CHARLES B  ADAMS  3. SEX  Melle  To. BIRTHPLACE (Stote or lareign cognity)  A. RACE  Windte  To. CITIZEN OF WHAT COUNTRY?  WIDOWED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  JOURNAL RESIDENCE (Where deceosed lived, if institution: Residence before 13s. CITY OR TOWN  STATE  13b. COUNTY Months and Country Sil. Spring  15c. WAS DECEASED EVER IN U.S. ARMED FORCES?  YES, no, or unknown)  16th sognitude of sarvines  Windte Lost  15c. MOTHERS MANDEN NA  16th SOCIAL SECURITY NO.  17c. MOTHERS MANDEN NA  18d. SOCIAL SECURITY NO.  17c.	CHARLES B   ADAMS   July 24, photh 1968   3. Set   4. RACE   5. DATE OF BIRTH   6. RACE   10 years   3. Set   10 years   3.



MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH-BEPT. 1 DECEASED-NAME 20 DATE KNOWN Month (Type or Print) Prederick DEATH MATED 4. RACE 6. AGE ( a years 2c DATE PRONOUNCED DEAD 2d HOUR S DATE OF BIRTH malo MARRIED P NEVER MARR ED 9 COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? country) as inston, W DOWED DIVORCED [ Montgomery 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR during most of working life, even if retired. | INDUSTRY Silver Sprina Manager 130 SUAL RESIDENCE (Where deceased I ved, finstitution Residence before 130 CITY OR TOWN T3d INSIGE CITY LAM IS? 13e STREET AND NUMBER 13b. COUNTY 217 iroveleish Drive 14 FATHERS NAME IS MOTHER'S MAIDEN NAME Allrex Frederick the Chief Medical Examiner's bages 16b SOCIAL SECURITY NO 17 INFORMANT (Yes, no. or unknown) (It yes give war or dates of service) 578-09-809? onsit permit. File p 77278166 18 CAUSE OF DEATH (Enter only one couse per time for (o), (b) and (c)) AS CAUSED BY IMMEDIATE CAUSE (a) ASPLYXIA. From hermair has ge. from Trachis. 5 wilding PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF 1) Bronghial Februsis e Parkingen. Syndiame years Conditions, if ony, which gove ) rise to immediate couse (a), writing the word stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Lett Femuli-Catt. Hip-Nailed 196 CONDITION FOR WHICH OPERATION 90 DATE OF OPERATION 20 AUTOPSY? 3 May. 1968 NO ( 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 21b TIME OF IN. JRY Month, Dov. Year 3 should PRIMARY OR CONTRIBUTING Fell at home cousing Fracture. Hip. CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, 21d. NauRY OCCURRED factory, office building, etc.) 217 Graveleigh Drive. Sim Psonvillemoy be retained for y FUNERAL DIRECTOR: P 22a I certify that I taak charge of the remains described above, held an Autapsy []. Inspection X. Inquiry XI. and in my apinian death resulted fram: the funeral director CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 1 5 moy ro FUNE Health John G. Ball ADDRESS(Street, city, town, or county) 230 BURIAL, CREMATION. 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Prince George Co. 9t. Lincoln Cemetery 24 - FLNERAL DIRECTOR VILLAGO 256 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Silver Springer Mid.





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Par urs	7.			YRS.					
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HEALTH GEPT.		ECEASED NAME Type or Print)	DANA		FOSS		ANGIE	R	2d DATE KNOW OF ESTI- DEATH MATE	· = 7-	-6- Yed	68 11:0
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e shauld be en the ward "per to the Chief I burial-transit d in any ever			nderlying cause	DUE TO, OR	AS A CONSEQUENCE		lerosis -	gener	olized -		yea.	15
o ± +	MEDICAL CERTIFICATION	PART 2. OTHER	SIGNIFICANT CONDITIO	ONS CONTRIBUTI	ING TO DEATH BUT N	OT RELATED	TO THE TERMINAL DIS	EASE OR CONDITI	ION GIVEN IN PART	1(a)		
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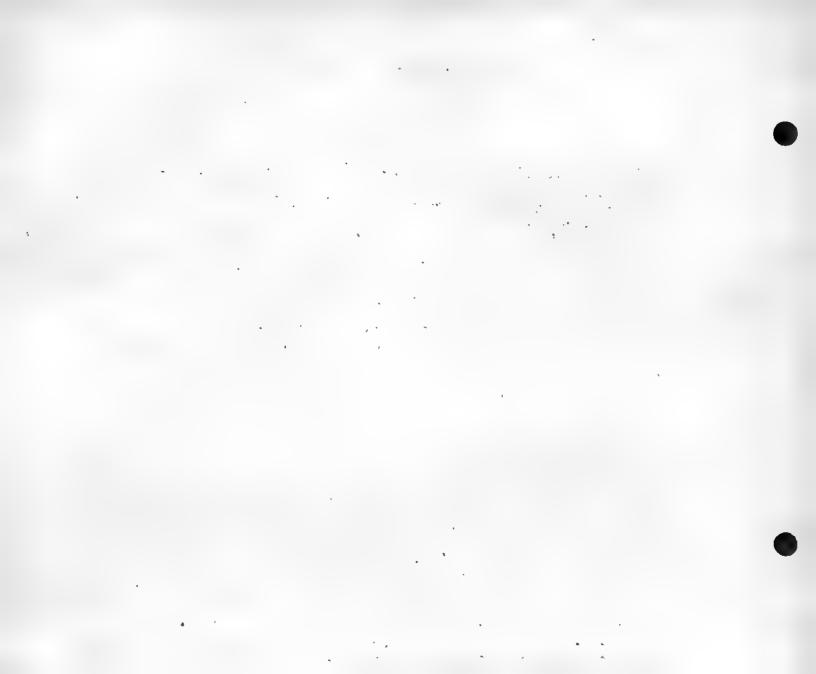
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MAKYLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 26 HOUR A DECEASED-NAME Middle Last 2o. DATE OF DEATH (Type or print) Month ARTHUR Reginald W. July 9:00 M IF JNDER 24 HRS requires that the death certificate be executed within 24 hours offer 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR lost birthday) SHTROM DAYS June 20. 1897 Caucasian Male Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Nean please remove corbon papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours 7a. B!RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED MEVER MARRIED (country) Maryland U.S.A. DIVORCED X WIDOWED [7] Montgomery County 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12g USJA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address Naval Hospital during most of working life, even if retired.) **INDUSTRY** Bethesda 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN) C 13d HISDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY NO [T] Washington 2500 Wisconsin Ave 14 FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle William John Emma ARTHUR WITHEIM 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no, or unknown) (If yes give war ar dates of service) 16b. SOCIAL SECURITY NO 17. INFORMANT Address 336 26 0484A John R. Arthur 938A Felton Rd. Key West 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchogenic BETWEEN ONSET AND DEATH Bronchogenic carcinoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH! YES & NO [TT 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. P.M. Month Doy Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City of Town County Stote While Not while of wark couses stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED STAFF 22 July 1968 DEGREE DIRECTOR PHYS. PHYS 22e\_ADDRESS 22d. PHYSICIAN'S NAME (Type) R. D. GASKINS, M. D. Naval Hospital, Bethesda, Maryland 23o. BJRIAL, (REMATION, REMOVAL (Specify) 23d LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Greenmount Cemetery York. Penn. 7-24-68 24. FUNERAL DIRECTOR Robert A. Pumphrey MANEral Home 7557 Wisconsin Ave., Bethesda, Md. 2So. REC'D BY REGISTRAR 2Sh REGISTRAR'S SIGNATURE VR A15 [4] 1968 Muarles DAUL 24 30M REV 1/68 7557 Wisconsin Ave., Bethesda, Md.





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10120 CERTIFICATE OF DEATH DECEASED-NAME First Middle lost 20. DATE OF DEATH 26 HOUR death. (Type or print) Day Yeor Waldo Anthur Racon 4. RACE 5. DATE OF BIRTH IF LINOER 24 HRS within 72 haurs after SEX IF JNDER 1 YEAR las birthdoy) MONTHS DAYS HOURS. Male Canc. July 18, 1898 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED [ ] NEVER MARRIED [ (country) Montcomen The law requires that the death certificate be executed within 24th WIDOWED K DIVORCED [7] and campletely filled 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR INDUSTRY Hotel give street oddress) during most of working life, even if refired) attending physician and campletely f permit. Then please remave carban Rockville ana Ter and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13rt INSIDE CITY LIM TS2 13b. COUNTY Montgomery Rockville. Drake Court YES 😾 NO [ IS MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Middle Maion Flora Racon Rolton 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 5400 l'ignong total Road Yes, no, or unknown) (1) yes give wor or dates of service) burial, crematian, ar remaval, 577-10-6378 Mr. Harvey Racon APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a)\_(b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE the signad by the burial-transit p Conditions, if ony, which gove ) rise to immediate cause (a). Page I may be retained by the haspital ar attending physician IO FUNERAL DIRECTOR. After this certificate has been signiled by director, page 3 should be detached far use as the burial-trar shauld be filed with the State Dept of Health prior to burial, crei DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗍 21o, ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work at work saw the deceased alive an 1-25 couses stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED MED. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S Rogers Silver Spring. NAME (Type) 1919 Seminary Road John S. 230 BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) It. Lincoln Cemetery Prince !! eorge 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Unc. Silver Spring. Md. DATE JUL 30M REV imphreu.



		MAKILAND STATE DEPARTMENT OF HEALTH						
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amo de la		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY.						
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		22d. PHYSICIAN'S 22e. ADDRESS						
ERA ERA		NAME (Type) Ira N. Jublin, MD. 800 Pershing Drive, Silver Spring, 1	Md.					
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complicator, page 3 should be detached for use as the burial-transit permit. Then pleasetremove should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and unany expendid be filed with the State Dept.	230		itate)					
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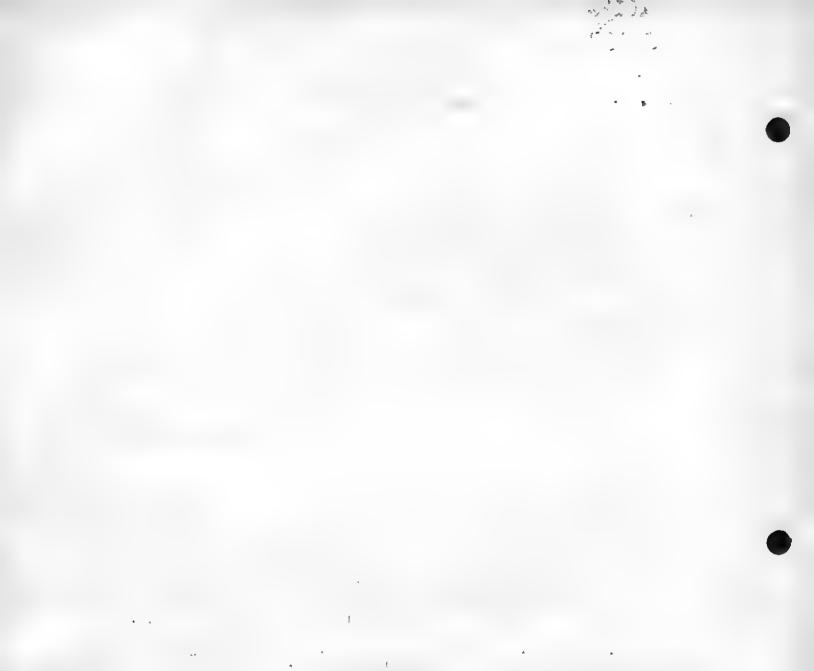
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME M. ddle Lost 20. DATE OF DEATH First by the turn. Pages I and 7 femove carban papers Pages I and 2 any event, within 72 hours after death (Type or print) Month Year Walter Scott Barnes 968 3 SEX 4 RACE 5 DATE OF BIRTH YEAR be executed within 24 hours after F JHDER 6 AGE (In years last birthday) MONTHS DAYS 25,1885 White September Male 9 COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED [7] NEVER MARRIED [32] country) . = America WIDOWED [ ] DIVORCED [ Montgomery filled Maryland 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUA, OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRYSectsur g ve street address) campletely Washington Takoma\_Park 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 136 COUNTY CMOntgomer admission) STATE NO F Northwest in any 14. FATHER'S NAME Lost MOTHER'S MAIDEN NAME First Middle Stillwell Mary William Ann Henru Barnes please, requires that the death certificate 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no. or unknown) ( fives give war or dates of service) burial, crematian, ar remaval 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND CEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to signed by the burial-transit p Conditions, if any, which gave ) rise to immediate couse (a), DUE TO, OR AS A GONSEQUENCE OF storing the underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(g) as the priar to Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO DO YES [ detached for use te Dept. of Health 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) PM be detached State Dept. o 218. PLACE OF INJURY FAT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street of R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at work OR ATTENDING 22a. I certify that (I) (this haspital/) attended the deceased from June saw the deceased alive an Mily 10 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated above, (I) (we) (did) (dra nat) view the body after death. 22c. DATE SLENED DIRECTOR PHY5 PHYSICIAN S 22e ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION (City or Town) (County) (State) REMOVAL (Specify) 8434 Gebraia Ave. VR A35 (4) 30M REV 1/68 Silver Spring.



MARYLAND STATE DEPARTMENT OF HEALTH 19122 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First M.ddle 2a. DATE KNOWN (Type or Print) OF EST -CLARENCE ALBERT BATEMAN lay is 3 to Poge ÷ DEATH MATED ent IF UNDER 24 HRS 6 AGE (In years 2c. DATE PRONOUNCED DEAD 3. SEX 4. RACE S. DATE OF BIRTH 2d. HOUR P.M3 P Milk 1.68 10:35 10-15-80 M Depart YRS 7o. B.RTHPLACE (Stote or foreign 9 COUNTY OF DEATH MARRIED MINEVER MARRIED 7b CITIZEN OF WHAT COUNTRY? Office olong with form country) WASH. MONTGOMERY WIDOWED [ DIVORCED **Give Poges** Stote 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, eyen if retired.) INDUSTRY 13e STREET AND NUMBER death. 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13b COUNTY Montgomery odmission) STATE 106 Franklin in Item 18 MD. NGYES | NO | Ave. ofter 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle Lost caminer's hmurs podes 17 INFORMANT 16b SOCIAL SECURITY NO This certificate should be executed within pencil ateman (Yes\_ng\_ar unknown) 215-38-4949 Post APPROX MATE INTERVAL \_⊆ 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) food (c)
PART I DEATH WAS CAUSED BY: BETWEEN DINSET AND DEATH should be forworded to the Chief Medical "pending" IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF eve≣f e-buriol-transity Candit ans, if any, which gave rise to immediate cause (a). In ony writing the word AS A CONSEQUENCE OF stating the underlying cause pillo PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) removal, CERTIFICATION used 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES [ DI 50 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F.D. No. City or Town County State factory, office building, etc.) HOT WHILE I AT WORK ... AT WORK ... 22a. I certify that I taak charge of the remains described above, held an Autopsy in Inspection and in my apinian the funeral director. Natural causes Acciden: Suicide Hamicide Undétermined monner death resulted from CHIEF MEDICAL EXAMINER ACTUAL 226. DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL **SIGNATURE** 5 may FO FUNE Health NAME (Type or caunty NAME OF COMETERY OR CREMATOR 23d LOCATION 23a BJRJAL CREMATION (County) SEMOVAL (Specify) Congressional Cemetery July 29, 1968 Glen Carposuss 2Sb REGISTRAR S umphrey Inc. 8434 Ga. Ave. Sil Spg. VR A15ME (5) 10M REV. 1/68



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low andir bee us th rior t	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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O HOSPITAL Page 4 may O FUNERAL   director, pag shauld be fil	23a	BUR AL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
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VR A75 (4) 30A4 REV. 1768		OHN T. RHINES CO. 3015 12TH STREET, N. E. DATUL 26 1968 Clearly Judge
	L	W. D. DAROCE GO 1000



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2g. DATE OF DEATH 2b. HOUR DECEASED-NAME First Middle Last (Type or print) 9:10 AM Grace Evelun Beasley 6 AGF (In years IF UNDER 1 YEAR #E LINDER 24 HRS. 3 SEX 4. RACE S DATE OF BIRTH last birthdoy) HOURS Canc. Female Tay 5. 1885 certificate be executed within 24 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED country) Ohio Montgomery WIDOWED PC DIVORCED [ 12a USUAL OCCUPATION (Kind of work done burial, crematian, ar remayal, and in any event, within 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 25 KIND OF BUSINESS OR Unit Home give street oddress) tarium & Hospital Wind most of working life, even if retired) Jakoma Park 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13b county ontgomery Silver Sprin Hitton Road IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Lost Beloit Elizabeth McGowan John 17. INFORMANT Mrs. Eileen P. Dare Rockville. Marula 16b SOCIAL SECURITY NO 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) I I yes give wor or dates of service) 220-44-6488 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: signed by the afferd Canditions, if any, which gave rise ta immediate cause (a), DUE TO, OR, stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been arcinoma 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? 2 o. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21E. LOCATION directar, page 3 should be detached should be filed with the State Dept. 21d INJURY OCCURRED Stote Street or R.F.D. No. City or Town County While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from 300 from 1950 from 1950 from the saw the deceased alive an 1950 from the saw the deceased alive an 1950 from the saw the deceased alive an 1950 from the couses stated above, (i) (we) (did) (did nat) view the bady after death. DATE SIGNED ATTENDING DEGREE 22d PHÝSICIAN S 22e ADDRESS 23L NAME OF CEMETERY OR CREMATORY 23 COCATION (City of Town) 230 BUR AL CREMATION, (County) 23b DATE Cedar Hill Cemetery Suitland, Maryland 2Sa. REC'D B VR A15 [4] Inc. Silver pring. 30M REV 1/68



MARYLAND STATE DEPARIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10136 CERTIFICATE OF DEATH Middle DECEASED-NAME First Lost 2a. DATE OF DEATH (Type or print) Month 4 RACE SEX S DATE OF BIRTH 6 AGE (In years FUNDER YEAR burial, cremotion, or removal, ond in any event, within 72 hours after iost birthdov) MONTHS I DAYS HOURS YRS executed within 24 hours 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED MINEYER MARRIED country) sician and completely filled in please remove carbon papers WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane 126 KIND OF BUSINESS OR raive street address) 13a USUAT RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d ENSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY NO T YES 🗀 14. FATHER'S NAME First Middle 15 MOTHER'S MAIDEN NAME First Middle ore be physicidn 16b. SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address 289-10-8139 Yes no-er-unknown) (if yes give war or dates of service) attending phys requires that the death certif APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c) ) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. Myocardial infarction, recent & remote IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriof-tronsit p Canditions, if any, which gave: coronary arteriosclerosis, severe rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) prior to t Diverticulitis, ruptured with abscess formation Poge 4 moy be retained by the hospital or attending peen os the 190, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? this certificate has CAUSES OF DEATH? YES X NO [ detoched for use te Dept of Health 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year P.M. (If either, notify medical examiner) be detoched State Dept 21e PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED (ify or Town County State While Nat while at work 22a | certify that (1) (this hospital) attended the deceased from. 7-24-196 P, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased alive on... couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR PHYS PHYS 22d. PHYSICIAN'S 22e. ADDRESS

FUNERAL DIRECTOR: After director, page 3 should should be filed witll the 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23o. 8URIAL, CREMATION, (Stote) (County) 0 7-29-68 Darnestown, Maryland Darnestown Cemeterv 25b. REGISTRAR S SIGNATURI 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 40 Bethesda, Maryland PUMPHREY. ocharles 30M REV



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Item?a.b.FilmG403 8/6/68 km DECEASED-NAME 2n DATE OF DEATH First Last 2b. HOUR The low requires that the death certificat be executed within 24 hours after death. (Type or print) **LManth** EdWARD 3. SFX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER YEAR IF UNDER 24 HRS. last buthday) MONTHS DAYS HOURS [/]p ALCASIAN 7a B.RTHPLACE (State or foreign 7b. C T ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country)England ve carbon papers. event, within 72 h TISA MontgomER DIVORCED [ WIDOWED I filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (KindVaf work done 10. GITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR aw street address) during most of working life, even if retired.) INDUSTRY 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 3e STREET AND NUMBER 13d. INSIDE CITY ELMITS? NO 🗷 IS MOTHER'S MA DEN NAME First 14 FATHER'S NAME Middle Joseph Beetham Mary Robinson 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Same as Item 13. Yes, no, or unknown) (if yes give wor or dates at service) 578-01-9345 Miss Edith Beetham burial, cremotion, or remov APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY: The Liver Months IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave t signed by the burnal-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to I 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. COND.TION FOR WHICH OPERATION WAS PERFORMED. 20s. AuTOPSY? CAUSES OF DEATH? YES | NO IST 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INLURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) TENDING PHYSICIAN: CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) 21d, INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f 10CATION Street or R.F.D. No. City or Town County State While Nat while at wark 220. I certify that (1) (thus hasolital) attended the deceased from 7 60, 1961, ta 25 years, 1968, that (e) last saw the deceased alve on 22 years, 1968, and thot in (a) (our) opinion death occurred at the date and hour and from the causes, stoted of ove, (we) (d) (d) wew the body ofter deoth 22b. SIGNATURE 22c DATE AIGNED MED DIRECTOR MAY) DEGREE 22d PHYSICIAN'S 22e. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d 10CAT ON (City or Town) (County) (State) 23a BURIAL, CREMATION. Burial (Specify) Arlington, Virginia Mt. Olivet Church Cem. FUNERAL DIRECTOR
ROBERT A. PUMPHREY, Bethesda, Maryland Date AUG 2 24. FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH 25 HOUR (Type or print) Walter BETTY GUY Month July 3 5EX 4 RACE 5. DATE OF BIRTH IE LINDER . YEAR IF UNDER 24 HRS 6. AGE (In years Male white 3/15/1915 lost birthdoy) HOLRS haurs 70. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED [X] NEVER MARRIED country) ffer this certificate has been signed by the attending physician and campletely filled in be detached far use as the bunal transit permit. Then please remave carban papers State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 l WIDOWED [ DIVORCED [ New York USA Montgomery 24 IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUA, OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) during most of working ite, even if retired) | INDUSTRY | Machinist - Johns Hopkins Silver Spring Holy Cross Hospital 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Montgomery 2404 Mason St. YESIX Wheaton Maryland 14 FATHER'S NAME First Lost IS. MOTHER'S MAIDEN NAME First Lost 1"alter Bettu Hophym 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) (If yes give,wor or dates of service) Jano 7. 290-10-7946 Wheaton Garuland Rotty APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Malignant melenoma, metastatic, to DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave } (b) lymph nodes and internal organs. rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse ( Bilateral bronchopneumonia. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🔀 NO [ 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town State County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 19 , 19 , ta 19 , 19 , 19 , that (I) (we) last saw the deceased alive an 19 , and that iv (my) (aur) apinion death accurred an the date and haur and from the director, page 3 shauld causes stated above, (1) (we) (did) (did not) view the bady after death. 225 SIGNATURET DEGREE PHYS 22d. PHYSICIAN S NAME (CUP) 22e. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g. BUR AL CREMATION. 23b. DATE (County) REMOVAL (Specify) Parklawn Cemeteru Pochville, Maril and 0 24 CUNIFRAL DIRECTORSCOPE 84 3LADDRESSOATIO MENUE 250 RECD BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE Otherles E. Pumphrey, Inc. Silver Spring, Mary Scare JUL 15 1968 30M REV



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differ of	1, FA	THER S NAME First	Middl		IS MOTHERS MAIDEN		Midd e	Lost	
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프   [프	Ye Ye	/AS DECEASED EVER IN U.S. AF is, no, or unknown) (if No	KMED FORCES? yes give war or dates of service).	16b. SOCIAL SECURITY NO	17 INFORMANT	e Edwards 28	ADDRESS	t Alex. V	/a
' _	1			P	Mrs. Lott1	e Edwards 20	113 CHOOLO	APPROX MATE	
within		1B. CAUSE OF DEATH (En PART   DEATH WAS	CAUSED BY	line for (a), (b), and (c))		1. CC 1	07.00	BETWEEN ONSET	AND DEATH
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ourial-ransii p	-	Canditions, if any, which g	gave )	I ma	will a in	DA AS	Cmm	aret.	
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.E		last	(c)_	Metas	lases				
remaval, and	ľ	PART 2 OTHER SIGNIFICANT	COND TIONS CONTRIBU	TING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN 1	PART 1(a)		
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CATIV	\$	19a DATE OF OPERATION		196. CONDITION FOR WE WAS PERFORMED?	ICH OPERATION			20 AUTOPSY	?
CEDITEICATION		21 - EVTERNAL CAUSE WAS	OIL TEELO		17. HOW ADODY OCCU	DATO /F	D 4 1 D 4 0	YES _	NO
		21a FXTERNAL CAUSE WAS PRIMARY OR CONTRIBU	TING HOUR A		ZIC BOW MIDK! OCCU	RRED (Enter noture of injur	in Part I at Part 2,	rem (B.)	
MEDICAL	5	CAUSE OF DEATH  21d INJURY OCCURRED		P.M. 19 (At home, form, street	21f LOCATION Street or F	Z E D. Na. Coty	or Town	County	State
^		WHILE NOT WHILE AT WORK	factory, office build	ng, etc.)	211 LOCATION SHEET OF F	City	or rown	cosiii y	21016
			at I took sharae of	the remains describes	above Held an Autaps	y , Inspection	M. Inquiry	and in m	v onin an
פונים		death resulted Mg			4/ -		termined manner	-	у ориг ап
ta burial,			7 11		4	MEDICAL EXAMINER	TOTAL MICHIGA		
		ACTUAL SIGNATURE	elden	KIL	11 1	ANT MEDICAL EXAMINER	22b DAT	SIGNED	100
		EXAMINER'S DA	22:	1 -1-	1 1 1 1 1 W	MED CAL XAM NER	July	18,17	58_
7. 2		NAME (Type) QCZ	DEN	Y. 16	A PADDRE		nty) /	/	
2	23a	BURIAL, CREMATION, REMOVAL (Specify)	23b DATE		MENERY OR CREMATORY		(Cry or Town)	, , , , ,	tate)
2	24	Burial	20 July 6		Memorial Par	K   Falls   So RECD BY REG STRAR	Church, Fa		irgini
		mningham Fu	Conte Mou	Alexandria	Virginia	ATE JUL 2 2 19		was luce	
1 / 68	L.F	mninynam rin	HETAL HOME	* WICKGIIGITS	A ATTENTION IN	RIL V V L. C. L.	UU X	PERSONAL PROPERTY.	A.F.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First M-ddle LOST 20 DATE KNOWN Month (Type or Print) BERT ESTI-RVELLA DEATH MATED IF UNDER 1 YEAR IF JINDER 24 HRS 2c DATE PRONOJNCED DEAD 3 SEX 4a RACE S DATE OF BIRTH 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. Cit ZEN OF WHAT COUNTRY? MARRIED STEVER MARRIED W:DOWED D-VORCED / ONTGOMERY II NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10 CITY OR TOWN OF DEATH 12a. JSUA. OCCUPAT ON (Kind of work done during most of working life, even if retired.) YSTZUDNI AKOMA the certificate, writing the ward "pending" in penc! in Item 18. Give 4 should be farwarded to the Chief Medical Examiner's Office along 3d INSIDE CITY LIMITS? land2 with death 130 JSJA, RESIDENCE (Where deceased lived, if institution Residence before 13c 13e STREET AND NUMBER Lavis 13b. COUNTY Mont This certificate should be executed within 24 hours aft pencif in Item 18. admission) STATE after 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME **THEA** hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, no, or unknown) PATIENT ar removal, and in any event within 72 APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) Throin bosis Acute-BETWEEN OFBET AND DEATH PART I. DEATH WAS CAUSED BY COTOTATO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Cardio Vascular Disease. burial-transit 4.0015 Canditians, if any, which gove rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) CATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? CERTIF YES 🗍 3 shauld be 210 EXTERNA, CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) MEDICAL HOUR A.M. PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. County City or Tawn Stote factory, affice building, etc.) AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry X and in my opinion deoth resulted from: Noturol couses 75 Accident Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 225\_DATE SIGNED ASS STANT MEDICAL EXAMINER 5 may be r SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health John G. Ball ADDRESS(Street, city, town, or county) NAME (Type) the 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 7/8/68 Etchison Seal Farm Mont. 24 FUNERAL DIRECTOR ADDRESS 25a REC D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE Francis H. Barber Laytonsville, Md. VR A15ME (\$) TOM REV 1/68



	18138		CERTIFICATE OF DEATH		27443
1. 1		irst Middle	Last	2a. DATE OF DEATH	2b. HOUR
	(Type or print) , M	largaret Ten	ley BLOCK	July Month 21 Do	68 1050PM
3	SEX	4 RACE	S. DATE OF BIRTH	6 AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS IMM,
	Female	Caucasian	Feb. 13, 192	5 43 YRS.	MONINS DATS NOORS MIN.
	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED THE NEVER MARRIED	9 COUNTY OF DEATH	
	Washington, D.C		WIDOWED DIVORCED	Montgomery	Md.
	CITY OR TOWN OF DEATH	1) NAME OF HOSPITAL OR IN	STITUTION (If not an hospital 120 USU	IAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
1	Bethesda	give street address). Naval Hosp		nost of working life, even if retired.)	the detail
13c	USUAL RES DENCE (Where dec mission) STATE	eosed lived, if institution. Residence before	UPZ EED A		to Ione
	missian) STATE Marylan	d Pr. George	DOMTG		
£ 14	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME		Last
		Edward Brennan	Lilly May Te		Ma
16	Ves, na, ar unknawn) (" yes gi	ARMED FORCES? 16b SOCIAL SECURITY 5782673		Bowie Address Block, 3861 Iro	Md.
-				· Prock, 2001 Iro	APPROXIMATE INTERVAL
	DADT I DEATH WAS CAL	anly one couse per tine for (a), (b) and (c)			BETWEEN ONSET AND DEATH
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П	1.724 X	DUE TO, OR AS A CONSEQUENCE OF	brain		
	Canditians, if ony, which gave rise to immediate couse (a	a). (b)			
L	stoting the underlying caus	DUE TO, OR AS A CONSEQUENCE OF			
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	1 1	CONDITIONS CONTRIBUTING TO DEATH BUT N	OF RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
No.	190 DATE OF OPERATION 11	95. CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a AUTOPSY?	206 IF YES, WERE FINDINGS	CONSIDEDED IN CEDTIEVING
FIG	S TO DATE OF OFERATION	72. CONDITION WINCOU EXAMEN WAS LE	YES TO NO	CAUSES OF DEATHS	CONSIDERED IN CERTIS TITLE
CERTIFICAL	21a ACCIDENT WAS UNDERL	LYING 216. TIME OF IN. JRY		er noture of njury in Port 1 or Port 2,	Item IB.)
		DEATH HOUR A.M. Month Day Year			
MEDICAL	(If either, natify medical exa 21d INJURY OCCURRED 2	ominer) P.M. 1  21e PLACE OF INJURY (AT HOME FARM STREET, FA OFFICE BUILDING ETC.		o. City ar Town	County State
	While Nat while of wark	OFFICE BUILDING ETC.			
	22a L certify that (%)	(this haspital) attended the decens	ed from June 13 19	58 to July 21 19	68 that fld (we) last
	saw the deceased	(this haspital) attended the deceas	%8_, and that in (my) (our) ap	oinian death accurred an the d	ate and haur and fram the
	causes stated abo	ave, (K) (we) (did) (did(xxx) view the	bady after death.		
	22b. SIGNATURE	311-101111111	ATTENDING	MED STAFF	DATE SIGNED
	The state of the s	1. Migury		DIRECTOR L. PHYS LA U	uly 22, 1968
	22d. PHYSICIAN'S NAME (Type)	R. FLETCHER, M. D.	22e. ADDRESS Naval 1	Hospital, Bethesd	- 162
00	BUB H COLMATION 100		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	a, Md. (County) (State)
23	o BUR AL, CREMATION, 23 REMOVAL (Specify) BUT 1a 1	- 10- 12000			
24		y's Funeral Home ADDRESS	Lincoln Cemetery 250. RECD	Bladensburg Md BY REGISTRAR 256. REGISTRAP JL 2 5 1968	S SIGNATURE
	3200 Rhode T	sland Avenue, Mt. Ra	1 11	JL 2 5 1968 JCC	arles Judge
	<u></u>	The state of the s	ATRICA A LANCE DOLLAR		

MAKTLAND STATE DEPAKTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. DECEASED-NAME First Last 20. DATE KNOWNET Month 2b HOUR BOEHNER Dov Year (Type or Print) ESTI-7-31-68 19 CHARLES ALLEN DEATH MATED -9 6 AGE (in years IF LNDER I YEAR IF UNDER 24 HRS A RACE 2c DATE PRONOUNCED DEAD 2d HOJR 3 SEX S. DATE OF RIRTH pup MONTHS Mile Year Ma.Le White 19 3-6-7.3 Depar MARRIED NEVER MARR ED K 9 COUNTY OF DEATH To BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? ahg with farm DIVORCED [ WIDOWED IT Montgomery State liscorsin 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street\_oddress1 during most of working ife, even if retired) INDUSTRY San. & Hosp. Jasi ington, 130 USJA, RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM.TS? 13e STREET AND NUMBER odmission) STATE J3b COUNTY YES NO . Laurel 2800 Graeloch Rd haurs ( Office Item\_ 15 MOTHER'S MAIDEN NAME 14 FATHER S NAME Middle Middle Lost Evalvn Henry G. Boiehmar haurs e certificate, writing the ward "pending" in pencil in should be farwarded to the Chief Medical Examiner's 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** executed within (Yes, no, or unknown) (Il yes give wor or dates of service)
Presently Father APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line 167)(a), (b), and (c)? BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE In event DUE TO, OR AS A CONSEQUENCE & burial-transit be Conditions, if ony, which gove rise to immediate cause (a). This certificate should the ward any DUE TO, OR AS O CONSEQUENCE OF stoting the underlying couse lost. .⊆ puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) o 80 remaval pasn 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, pe or 21o EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 shauld PRIMARY OR CONTRIBUTING crematian, **EXAMINER:** INJURY (At home form street, ty or Town FUNERAL DIRECTOR: Page burial, Inspection ... 22a. I certify that I tack charge of the remains described above held an Autopsy Inquir and in my apirlian Undetermined manner death resulted fragh-Hamicide Natural causes Suicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S may NAME (Type) OWN altounty) Belden R Reap 0 BUR.AL, CREMAT.ON, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 24. FUNERAL DIRECTOR VR A15ME (5) 10M REV. 1/6

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 10145 CERTIFICATE OF DEATH 2b, HOUR P DECEASED-NAME First Middle Last 20. DATE OF DEATH burial, cremation, ar remaval, and in any event, within 72 hours after death. and tunera. (Type or print) Month Day Casww11 Raymond Booth 968 Inlv 3. SEX 4. RACE S. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR F HINDER 24 HRS last birthday) BAYS 98 Male White May 2. 1913 55 YRS. 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED requires that the death certificate be executed within 24 Kay attending physician and campletely filled in a sermit. Then please remove carban papers. country) and campletely filled in WIDOWED Virginia America DIVORCED [ Montgomery 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION Dind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired)
Salesman-Giant INDUSTRY Takoma Park Washington Sanitarium shoe 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY admission) STATE Maryland 14. FATHER'S NAME First M.ddle 15. MOTHER S MAJDEN NAME First Booth Scriggs John Marv 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (III yes give war or dates of service) Yes, no, or unknown) Patient's chart no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for lo), (b), and (c).
PART I. DEATH WAS CAUSED BY: BETWEEN ONSETAND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A-CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave: rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Page 4 may be retained by the haspital or attending director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior ta this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🖂 YES -210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAJSE OF DEATH HOUR AM. Month Day Year P.M (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED State City or Town County While Not while After 22a. I certify that (I) (this hospital) attended the deceosed from sow the deceased alive on 1928, and that in (m , and that in (my) (our) opinion death accurred on the date and hour and from the TO FUNERAL DIRECTOR: causes stated obove. (1) (we)/did) (did not) view the body after death. 22b SIGNATURE ATTENDING PHYS DEGREE MED. DIRECTOR STAFF PHYS. 22d. PHYSICIAN S NAME (Type) OF CEMPTERY OR CREMATORY 23d / LOCATION (City or Town) 23a BURIA CREMATION 23b. DATA (County) <- AState) ENNERAL DIRECTOR A 35a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1968



		1	MARYLAND STATE DEPARTMENT OF HEALTH
10	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1			CERTIFICATE OF DEATH
- C	2 -	1 D	CEASED-NAME First Middle Lost 2a. DATE OF DEATH 25 HOUR
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ate	rsician please II, and i	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY W. Boring 818 Woodstride Parkway
tific	S di b	,	232-01-3337 Charet Silver Spring Md.
Je ,	G E E		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
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9	THE P		1621 DUE TO, OR AS A CONSEQUENCE OF 121 Right hung
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E i	e he	CERTIFICATION	216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
A N	ne naspiral ar this certificate etached for us Dept. af Keall		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
SEC	ed ed.	MEDICAL	If either, notify medical examiner)  P.M. 19  21d INNIER OCCURRED 21e PLACE OF INNIERY CATHONE FARM, STREET, FACTORY, 1 21f LOCATION Street or R.F.D. No. (ity or Town County State
돌.	is construction of the september of the	1	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME TARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County State While Not white
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<u> </u>	Stal	L	22a. I certify that (I) (this hospital) attended the deceased from 1955, to 23 July 1965, that (I) (wee) last saw the deceased alive on 25 July 1968, and that in (my) (our) apinion death occurred on the date and hour and from the
E S	ined in the second in the seco	L	couses stoted obove, (1) (we) (did) (did-net) view the body ofter deoth.
	# <b>2</b> \$4	П	22b SIGNATURE 77 20 kg 2
~	8 3 3 € E		X wrielf 13 Clarated DEGREE PHYS DIRECTOR   STAFF DIVING 23, 1968
		П	22d. PHYSICIAN'S 22e. ADDRESS
YE :	RAI RAI Pe	Н	NAME (Type) Russell B. Arnold Md. 1106 Spring St. Silver Spring Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	Page 4 may be retained by r  TO FUNERAL DIRECTOR: After director, page 3 shauld be de shauld be filed with the State	220	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
H	의 등 등 등 기	230	BEMOVA (Specify) July 26, 1968 Parklawn Cemetery Rockville, Maryland
2,	UR	24	EUNERAL DIRECTOR HUNDE 84 34 DERESSON GIA Ave. 250. RECID BY REGISTRAY SIGNATURE
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	1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	I fair
HEALTH-DEPT.		DECEASED NAME First Middle Last 20 DATE KNOWN Month Da	Y Year 25 HOUR
= { A / 1		(Type or Print) WAYAE Kermith BORTNER DEATH MATER 7-1:	
PMS Por	3 5	SEX 4 RACE S DATE OF BIRTH 6. AGE (n. years if LNDER 1 YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD HOURS MIN MONTHS Days HOURS MIN Day Day 24 YRS	Year 196 5 635
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death e Pages with fa	10.	CITY OR TOWN OF BEATH	KIND OF BJSINESS OR DUSTRY
ive Partine Pa		DO DE TOUR BRIVER DY	oder BAKER
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thin 24 more in the poges		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	ounce
with pen xami		Yes, no, arsoknown) ("yes give wor or do'res of service) 67 34 2191 Babara L. Bortner RD#5 Hanover Pa	APPROXIMATE INTERVAL
INER: This certificate shauld be executed within 24 e certificate, writing the word "pending" in pencil in shauld be farwarded to the Chief Medical Examperises.  Also the second of the Chief Medical Examples is shauld be used as a burial-transit permit. File pages nation, ar remaval, and in any event within 72 hours.			BETWEEN ONSET AND DEATH  Sudden
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NER: T certifice hauld b lites. shauld strian, ar	MEDICAL CE	210 EXTERNAL CAUSE WAS PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item CAUSE OF DEATH  210 EXTERNAL CAUSE WAS PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 2, Item PRIMARY OCCURRED (Enter nature of nitry in Part 2, Item PRIMARY OCCURRED (Enter nature of	
	ME	21d INJURY OCCURRED  21e PLACE OF INJURY (Ar home, form, street, foctory of ce building, etc)  AT WORK	County State
L EXA ecute Page or yau R: Pag	•	220. I certify that I took charge of the remains described above, held an Autopsy (2), Inspection (3), Inquiry (2),	and in my opinion
DEPUTY DICAL EXAM scessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth prior to burial, cren		death resulted from. Natural causes [], Accident [2], Suicide [], Hamicide [], Undetermined monner []	, ,
JTY bloose iny, please eral directs be retained RAL DIREC		ACTUAL  SIGNATURE  ACTUAL  ACT	NED .
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O DEPUT necessary the fune 5 may b O FUNER Health p		NAME (Type) / ADDRESS(Street, city, town, or county)	
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	24	FUNERAL DIRECTOR THE FET SET ADDRESS ON ON OTO PAZO RECU BY REGISTRAR 255. REGISTRAR'S SIGN	
VR A15ME [5] 10M REV 1/68		Fred I Teiser ML 23 1968 geliarles	nege

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 15 Film GICERTHICATE OF DEATH DECEASED NAME First Middle Last 2a DATE OF DEATH 2b HOUR P death. the deoth certificate be executed within 24 hours after death ond (Type or print) Month 2:30 M Dina Anna July Brand IF UNDER I YEAR 3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years E JNDER 24 HRS. S de S last birthday) 22 August 1957 Female White 10 7o. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED California .≡ buriok-tronsy/permit. Then please remove corbon popers buriol, cremation, or removal, ond in any event, within R2 h USA WIDOWED [ DIVORCED [ Montgomery ond completely filled remove corbon pose 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR give street oddiess). The Clinical Center, NIH during most of working life, even if retired )
Student INDUSTRY Bethesda The None 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSUDE CITY LANTS? California odmission) 13b. COUNTY YES 💂 Roseville 302 Brentwood Road 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First First Middle Lost Joaquin Brand Diria/ Anna Sato Brand 16b SOCIAL SECURITY NO. 17 INFORMANT The Medical Record 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or waknown) The Clinical Center, NIH, Bethesda, Maryland None APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per sine for (a), (b), and (c)) PART I DEATH WAS CAUSED BY minutes Respiratory Arrest IMMEDIATE CAUSE (a) \_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Generalized Sepsis 2 weeks rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 2 years Lymphosarcoma PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? Yes YES X NO [ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 216 PLACE OF INJURY (AT MOME FARM, STREET FACTORY.) 214 LOCATION Street or R.F.D. No State City or Town County While Nat while at wark 22a. I certify that (X) (this haspital) attended the deceased from 9 June 1968, to 29 July 1968, that (X) (we) last saw the deceased alive an 29 July 1968, and that in (M) (our) apinion death occurred on the date and haur and from the couses stated above, ( (we) (did) (didxoux) view the bady ofter death. 22b SIGNATURE 22c DATE SIGNED ATTENDING 30 July 1968 X DEGREE PHYS. DIRECTOR 22e ADDRESS The Clinical Center, National 22d, PHYSICIAN'S NAME (Type) Institutes of Health, Bethesda, Maryland David A. Bray, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cityror Town) 23a BURIAL, CREMATION, 23b DATE (Stote) 1400 ADDRESS 2Sa REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10150 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. ompetely filled in by the funeral or chron papers. Pages 1 and 2 event, within 72 hours after death. (Type or print) 4 RACE DATE OF BIRTH IF JNDER I YEAR IF UNDER 24 HRS 6. AGE (In years lost\_birthdoy) DAYS HOURS 9. COUNTY OF DEATH 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED [T] NEVER MARRIED] country) WIDOWED Z D-VORCED ManTyomer 12a USUAL DCCUPAT ON (Kind af wark dene during most of warking, te, even if retired) 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH composite curbon give street address? INDESTRY 13a USUAL RESIDENCE (Where deceased lived, it institution. Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Mont odmission) STATE M remewa detached for use as the burial-transit permit. Then please (remeate Dept. of Health prior to burial, cremation, or removal, and in ony MOTHER'S MAIDEN NAMEABITST 14 FATHER'S NAME Middle Lost Keating LOWIS ottending physicion permit. Then please 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Luzerne Yes, no, or upknown) [If yes give wor or dates of service) Marian 220-54-1633 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) Cerebral BETWEEN ONSET AND DEATH signed by the ottendir burial-transit permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) rioscleworz -he use to immediate cause (a). DUE TO, OR Page 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate hos been 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION **CAUSES OF DEATH?** YES 🗍 NO K 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH -HOUR A.M. Month Dov (If either, notify medical examiner) director, page 3 should be detoche should be filed with the State Dept. AT HOME, FARM, STREET, FACTORY, \ 215, LOCATION 21d INJURY OCCURRED ZIe. PLACE OF INJURY Stote Street or R.F.D. No. City or Town County OFFICE BUILDING, ETC. While Not while 22a. I certify that (I) (this hospitel) attended the deceased from Mar, 1956, to July 13, 1968, that (I) (we) last saw the deceased alive an July 12, 1968, and that in (my) (our) opinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c DATE SIGNED 225 SIGNATUR ATTENDING DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e ADDRESS 20011 23d. LOCATION (City or Town) BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) REMOVAL (Specify) Georgia Ave. VR A15 (4) 1968 30M REV 1/68



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		Items, Filmshing 7/31/69 km CERTIFICATE OF DEATH	20151
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PHYSICIAN: e hospital or his certificate stacked for u Dept. of Heol	×	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town	County State
det in the	L	While Not while of work Ot work	
be Stort	П	220. I certify that (I) (this hearital) attended the deceased from 7/11, 1968, to 7-21, 1968, sow the deceased alive on 7-21, 1968, and that in (my) (ser) opinion death occurred on the deceased alive on 7-21, 1968, and that in (my) (ser) opinion death occurred on the deceased alive on 7-21, 1968, and that in (my) (ser) opinion death occurred on the deceased from 7-21, 1968, and that in (my) (ser) opinion death occurred on the deceased from 7-21, 1968, and that in (my) (ser) opinion death occurred on the deceased from 7-21, 1968, and that in (my) (ser) opinion death occurred on the deceased from 7-21, 1968, and that in (my) (ser) opinion death occurred on the deceased from 7-21, 1968, and that in (my) (ser) opinion death occurred on the deceased from 7-21, 1968, and that in (my) (ser) opinion death occurred on the deceased from 7-21, 1968, and that in (my) (ser) opinion death occurred on the deceased from 7-21, 1968, and that in (my) (ser) opinion death occurred on the deceased from 7-21, 1968, and that in (my) (ser) opinion death occurred on the deceased from 7-21, 1968, and that in (my) (ser) opinion death occurred on the deceased from 7-21, 1968, and that in (my) (ser) opinion death occurred on the deceased from 7-21, 1968, and that in (my) (ser) opinion death occurred on the deceased from 7-21, 1968, and the	thot (I) (we) lost
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P S S S S S S S S S S S S S S S S S S S	П	22b SIGNATURE 22c	DATE SIGNED
OR DE L	1	R. H. Saneth Me DEGREE PHYS. DIRECTOR DIRECTOR PHYS	7-21-68
Pog e fille		22d. PHYSICIAN'S NAME (Type) R. H. Sandstrom M.P. 22e ADDRESS 7701 Corroll Ave TX	82 ml
A rr VER, ld b			
Page 4 may be retained by the hospital or attending physician.  Control of Euneral DIRECTOR: After this certificate has been signed by the ottending physicion and competely filled in by the funeral director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	230.	BUR AL, (REMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Yown)	(County) (State)
5 5 5 s	0.8	REMOVAL (Specify) 7/24/68 Sharon Cemetery Alexandria, FUNERAL DIRECTOR ADDRESS 250, REC'D 8Y REGISTRAR 25b, REGISTRAR	Virginia
VR A15 (4) 30M REV. 1/68	24.	Purphy Funeral Home, 3524 Columbia Pike DANUL 2 3 1968	
		taxinoton Va	7

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Middle I DECEASED-NAME First 20. DATE KNOWN Month (Type or Print) ESTI-MARY ROYALL XXXXXX BROWN DEATH MATED 4. RACE S DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 3 SEX AGE (In years 2c. DATE PRONOUNCED 11/24/84 83 female cauc. 19 68 7:10M YRS 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH (Virginia USA DIVORCED [ Montgomery County. 11 NAME OF HOSPITAL OR INSTITUTION ( f not a hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR gill gilleyod Coppes Hospital of S. Sour ng most of working I fe, even if retired.) Silver Spring INDUSTRY Boardinghouse 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d, INSIDE GITY LIMITS? 13e STREET AND NUMBER 1ver Spring X NO 12921 Old Columbia Pike Montgomery be executed within 24 hours First Middle IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Not Available Saunders QQ65 hours 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADD RESS (Yes, no. or unknown) -48-3917 Paul Leguin-same as above- nephew File no X APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH .⊑ within 18 CAUSE OF DEATH (Enter only one couse per line permit. the Chief Medicol PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate couse (a). should writing the word DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a) 0 used 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES F 21o EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 21b. TIME OF NJURY Month, Day, Year 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation. CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home form street, 21f LOCATION Street or R.F.D. No. Erry or Town Stote County factory, office building, etc.) WHILE NOT WHILE AT WORK 22a I certify that I taok charge of the remains described above, held an Autopsy Inspection ond in my apinian death resulted from. Natural causes reforned Accident Suicide Hamicide Undetermined morner pleose CHIEF MEDICAL EXAMINER ACTUAL moy be re 226 DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE 5 moy TO FUNE Health NAME (Type) 23b DATE JURIAL, CREMATION NAME OF CEMERRY 20, 1968 REGISTRAR'S SIGNATURE 2Sb VR ATSME (5) 10M REV 1768



1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1133
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Dept. af	MEDICAL	(If either, natify medical examiner) P.M. 71.810 19	County State
Dept	_	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No (ity or Town) While How white at work at work	County State
ate		220   certify that (1) (this hashiful) attended the deceased from Systems 39 67 to 10 17 18 19 (	8, that (I) (we) last
e St		220. I certify that (1) (this hospital) attended the deceased from Sylvinian South of the deceased olive on 19 6 on other in (my) (soir) opinion death occurred an the date	and haur ond from the
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drector, page 3 shauld be cashed with the State		22d. PHYSICIAN'S NAME (TYRE) Pames M. Lotius 22e. ADDRESS	U
director, page 3 shauld shauld be filed with the	23a	BUR AL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
争点人	Y	REMOVAL (Specify) 7/11/68 Rest Haven Cemetery Hagerstown-Washi	ngton-Md.
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*			MARYLAND ST	ALE DEPARTMENT OF HE	ALIH	
78 2 1		0012	DIVISION OF VITAL RECORDS, 301	W. PRESTON STREET, BALTIN	IORE, MARYLAND 21201	
(IVI)		10162	CERT	IFICATE OF DEATH		4 15 7
200		CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b HOUR
to To To	(1	ype or print) Luc	16 MALY	Bryan	Month Doy	Yeor 235 M
	3. SI		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR   IF UNDER 24 HRS.
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death estained by the haspital or attending physician.  CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funcial should be detached far use as the burial-transit permit. Then please remove carbon papers. Page 1 and any the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 haur after death		WAS DECEASED EVER IN U.S. ARM es, no, or upknown) (1 yes give wi	D FORCES? or doles of service)  16b SOCIAE SECURITY NO.  218-38-939	17 INFORMANT, HOBBIT TO	1 Record	7
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YSIC aspi cert cert hed ot. o	쫉	Water Committee of the	TLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)	21f. LOCATION Street or R F.D. No.:	City or Town	County State
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e 4 UNE	230	BURIAL, CREMATION, 23b. 8	ATE 23¢ NAME OF CEMETE		23d LOCATION (City or Town)	(County) (State)
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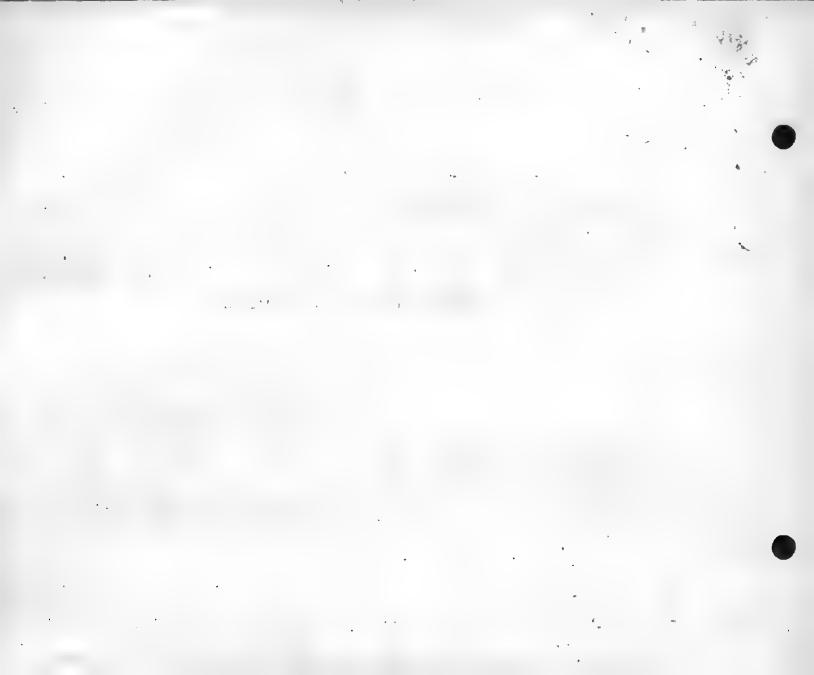
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2 4 5)
HEALTH DEPT.		DECEASED-NAME  20 DATE KNOWN Month Doy (Type or Print) Charles  20 DATE KNOWN Month Doy 0F ESTI-	
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and del		led bethden) MONTHS DAYS MOURS NO	Yeor 19 68 11P
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thin 24 ancil in 1 miner's ( pages 1 hours c		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT	-17-717
2 00 0		YED MARION DUCK. TO DE	PZ.70.W.
ing incoming		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I DEATH WAS CAUSED BY	* APPROXIMATE INTERVA. BETWEEN ONSET AND GEATH
M din		O 54 X  DUE TO, OR AS A CONSEQUENCE OF	-
be except the period of the pe		(b) Arteriosclerotic Heart Disease complicated	
shauld be e ne ward "pen a the Chief burial-transit		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
the shifted in the modern		(c) by trauma incurred in fall at home  PART 2. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE OR CONDITION G VEN IN PART 1(0)	
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INER: The cert fice should by files. 3 should by grian, ar	MEDICAL	CAUSE OF DEATH PM 7-2-049 IF ICTUTED I. I EMUT	e &
= 0 × + 0 0	₩	foctory office building etc.)	ounty State
		AT WORK AT WORK A Home 109 Longfellow St, Washington  220. I certify that I took charge of the remains described above, held an Autopsy C Inspection Inquiry C.	ond in my apinton
ar A . To be		death resulted from: Natural causes Accident S. Suicide , Harnicide Undefermined manner	ond in my aprillon
please e I d'rectar retained I DIRECT iar ta bu		CHIEF MEDICAL EXAMINER	
		SIGNATURE AND ASSISTANT MEDICAL EXAMINER 226 DATE SIGNI	iD
ro DEPUTY necessary, it ithe funeral 5 may be r ro FUNERAL Health price		EXAMINER'S NAME (Type) BEIDEN / FE-AD/9/DDRISSITION BY 1000 AND SELLY /	41768
TO D nece the 5 m 10 Hed	26	BURIAL (SEMATION) 28B DATE 23C. NAME OF CHAPTERY (REMATORY) 23d LOCKED (COURT TOWN) (COURT TOWN)	(D) [N)
The same of the sa	24	FUNDAY KILLY 17-1968 FT. Succession Garlackey Hadaustrung 1	A. J. Slee JIL
VR A15ME (5) 10M REV 1768		William Valters. 254 serroll of DATE JUL 1 7 1968 Jeliano	Judge



, 1	1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	*50
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Manth	Day Year 2b. HOUR
5 00 00 00 00 00 00 00 00 00 00 00 00 00		Harry Pratt Buckley DEATH MATED JULY	18 1968 / PM
	3 5	AST 10 AS	Year CF 2d HOUR
> 0 0	-	BIRTHPLACE (State or foreign   76 CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1965 // P M
Dep	caur	ratersford Pa. U.S.A. WIDOWED DIVORCED Mont.	Md
State		CITY OR TOWN OF DEATH	2b. KIND OF BUSINESS OR
offer death 3. Give Pag alang with with the Sta	Be	ethesda 4242 Fast 1043T Highest accountant	US Gov!t
s after 18. Giv alang with	130	SUAL RES DENCE (Where deceased lived, funstriction Residence before 13c. CITY OR TOWN 13d. MISIDE CIT LIMITS? 13e STREET AND NUMBER odmission) STATE 13b (OUNTY YES) NO	
hours Item 18 Office Office after d	14. [	Mont Bethesda YES NO 4242 Fast WE.  FATHER'S NAME First Middle Last Its Mother's Maiden NAME First Middle	et Highway
24 had in Ite r's Of r's Of res I affers aff			tman
be executed w.thin 24 "pending" in pencil in nief Medical Exam.ner's onsh.permit File pages		WAS DECEASED EVER IN U.S. ARMED FORCES? LIGHT SECURITY NO. 1.17 INFORMANT ADDRESS	t West
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of the factor of		Conditions, if any, which gave (a) (b) Catelio Vascular Disease.	40015
old be and "pe Chief		rise to immediate cause (a), (b) Carrier Passer Due To, or AS A CONSEQUENCE OF	70270
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	MEDICAL CERT	21a. EXTERNAL CAUSE WAS PR MARY OR CONTRIBUTING HOUR A.M P.M. 19  21b. TIME OF INJURY Month, Day, Year HOUR A.M P.M. 19	
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L EXAMINER: ecute the cert Page 4 shaul or your fles. R: Page 3 shoul id), cremation		AT WORK AT WORK	
<u></u> <u> </u>		22a. I certify that I taak charge af the remains described above, held on Autopsy , Inspection Inquiry	ond in my apinian
JICA director. etained i		deoth resulted fram. Natural couses 🔀, Accident 🗍, Suicide 🗍, Homicide 🗐, Undetermined manner	
		ACTUAL SIGNATURE Office & Bull MD ASS.STANT MED CAL EXAMINER 22b. DATE SIGNATURE	GNED
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O DEPUTY necessory, is the funeral s may be r O FUNERAL Health prior		NAME (Type) John G. Ball ADDRESS (Street, city, tawn, or county)	
O E E ~ O F	230	REMOVAL (Specify)	Caunty) (State)
	24.	FUNERAL DIRECTOR ADDRESS 125g REGISTRAR 125h REGISTRAR 5.516	GNATURE
VR A15ME (5) 10M REV 1/68	Ro	obert A. Pumphrey 7557 Wisc. age. Md. DATE JUL 2 4 1968 floor	les Juage



MARYLAND STATE DEPARTMENT OF HEALTH 10146 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 :3:51 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 2o. DATE OF DEATH 26 HOUR be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending provercian and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 1 shauld be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72 hours after death (Type or print) Doy 3. SEX 4 RACE S DATE OF BIRTH F JNDER 24 HRS 6 AGE (In years 1F LINDER I YEAR lost birthdoy) DAYS MONTHS 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign NEVER MARRIED country) WIDOWED [ DIVORCED [ NIONT GONFR 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR q ve street oddress) during most of working life, even if retired ) INDUSTRY SPRING 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13e STREET AND NUMBER odmission) STATE 136 COUNTY YES NO TERLING Loudoun 14. FATHER S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Middle RUSSELL rtificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) (If yes give war or dates of service) attending pro-GLENDA R. BURCH NONE NONE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) BRONCHOPNEUMONIA . BILATERAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Pagm 4 may be retained by the haspital ar attending 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? YES [ NO [ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M Month Doy Year 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R F.D. No. 21d INJURY OCCURRED City or Town State County While Not while of work TO HOSPITAL OR ATTENDING saw the deceased alive ancauses stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED **ATTENDING** STAFF PHYS. DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS 1000 D .BATTIATA 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23b. BUR AL CREMATION (County) 7-16-68 CHESTNUT GROVE CEMETERY. HERNDON, VIRGINIA REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERGE Home VR A15 (4) 1968 Ochanles 30M REV, 1/68 JULEN - 34 ELDEN ST. HERNOON, VA





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		10143	DIVISION OF VITA		· ·	BALTIMORE, MARYLAND 21201	159
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		MARYLAND STATE DEPARTMENT OF HEALTH	
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The state of the s		CERTIFICATE OF DEATH	. ()
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1	1	MARYLAND STATE DEPARTMENT OF HEALTH
'	~	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	1	t m#8, Filmal 03 7/3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy Year 26 HOUR
dy 15 3 to Poge		(Type ANNIE GERTRUDE SVRNE DEATH MATED 7-18 198 105
debby Ment Po	3 :	MANTIC AVS DIO 105 M.M.
5 5 E		Te Calle Feb. 15/1992 16 YRS. MONTHS DATS HOURS MAY MONTH - POST YEOR & VOZAM
5 T N. 3		BIRTHPLACE (Stote or foreign 7b. C TZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
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	L	CHARLES EdwinEllison MAYGARET ELLA CTAY
		. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no, or unknown)   19 yes give war or dates of service)   16b. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS
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		Condit ons, if any, which gave rise to immediate cause (a), (b) Welleworklewater Heart Hiseast
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ر ق و م	CERTIFICATION	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
## - # 9	3	PRIMARY OR CONTRIBUTING HOUR A.M.
INER: e certif should files. 3 should ation,	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f (OCATION Street or R.F.D. No. City or Town County State
	-	WHILE NOT WHILE AT WORK AT WOR
bical E se exect ector. Po ined far KECTOR: o bur al,		22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinion
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O DEPUTY necessary, the funero 5 may be O FUNERA Health pr	23	BUR AL, CREMAT ON, 23b DATE 23c NAME OF CEMITERY OR CREMATORY 23d LOCATION (County) (Stole)
2 2	13	REMOVAL (Specify)
	24	BUTION OU 421, 1681 INDICE TO THE COMMO INTERPRETARION VA.  FUNERA DIRECTOR  ADDRESS  ZSO REC D BY REGISTRAR S S GNATURE  250 REC D BY REGISTRAR S S GNATURE
VR A15ME (5)		Norsic Roy STON Middle Gara Virginia MAII 24 1968 Charles Judge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 20102 CERTIFICATE OF DEATH L. DECEASED-NAME Middle Last 20. DATE OF DEATH 2b. HOUR First fond completely filled in by the funeral remove Jarbon popers. Pages 1 and 2 in any event, within 72 hours after death. executed within 24 homrs after death (Type or print) 5:15 AM OM ENICO 3 SEX 4, RACE S. DATE OF BIRTH 6 AGE ( n years IF JINDER YEAR SE UNDER 24 HRS last birthday) MONTHS HDURS Male YRS 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED Montgomery WIDOWED DIVORCED [ 14 120 USUAL OCCUPATION (Kind of work dane 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during mostlof working ite, even if retired) give street oddress) INDUSTRY taRK aKoma 00 makek 13e STREET AND NUMBER 13a USJAL RESIDENCE (Where deceased fived, if institution, Residence before, 13d. INSIDE CITY LIMITS? 13b. COUNTY Washin YES X e da Middle 14. FATHER S NAME First Middle Last IS MOTHER'S MAIDEN NAME First requires that the death certificate be EDESCO ene Rando **DEUNERAL DIRECTOR:** After this certificate hos been signed by the attending physicion, director, page 3 should be detached for use as the buriol-transit permit. Then please should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, ng, ar unknawn) (If yes give war or dates of service) NUKhown APPROXIMATE INTERVAL BETWEEN DISET AND DEATH IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) THEOMBOSIS DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave to nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T(a) Poge 4 moy be retained by the hospital or oftending 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o, AUTOPSY? CAUSES OF DEATH? YES [ NO [ 2)a. ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town County While Not while at work 22g. | certify that (1) (this haspital) attended the deceased fram\_ and that in (my) (aur) opinion death occurred on the date and hour and from the saw the deceased alive an\_\_\_ causes stated above, (i) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. STAFF DEGREE DIRECTOR 22e. ADDRESS 228 PHYSICIAN'S NAME (Type) 002 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 230. BUR AL REMATION 23b DATE (County) (Stote) 9 24 FUNERAL DIRECTOR ADDRESS WASHINGTEN 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68 INALDI TUNERAL HOME 7400 GEORGIA



1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 2a DATE KNOWN Month Day Year 2b HOUR (Type or Prnt) William David CALHOUN DEATH MATED 71128 1938 78 M
on and and and and and and and and and an	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (to yours lost brithday) 25 Dec 43 25 Dec 43 25 YRS PROMITHS DAYS HOURS MALE 24 HRS 26 DATE PRONOUNCED DEAD MONTHS DAYS HOURS MALE 25 Dec 43 25 YRS NOWTHS DAYS HOURS MALE 26 DATE PRONOUNCED DEAD MONTHS DAYS HOURS MALE 26 DATE PRONOUNCED DEAD MONTHS DAYS MONT
	70 BIRTHPLACE (State or foreign
death w w	Bethesda    Name of Hospital or Institution (If not in hospital USUAL OCCUPATION (Xind of work done give street oddress)   Naval Hospital   D.S. Navy   Naval Hospital   Navy   N
hours ofter dear tem 18 Give P Office olong w ond 2 with the s	13a USUAL RESIDENCE (Where deceosed Lydd, functivut.on Residence before 13c CITY OR TOWN 13d IMPROCCITY M 15? 13e STREET AND NUMBER deceosed Lydd, functivut.on Residence before 13c CITY OR TOWN 13d IMPROCCITY M 15? 13e STREET AND NUMBER 10543 Talbot Road
	14 FATHER'S NAME First Middle Lost IS MOTHER'S MADEN NAME First Middle Lost Blanche Lyle Galloway
w thin 24 pencil in- xaminer's vaminer's ile poges 72 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yexpegor unknown) 1988 (1868 608 dates of sorves) 364 42 2436 Navy Records Relienda Ind.
xecuted nding" in Medical E permit. F	18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO OR AS A CONSEQUENCE OF  Cand t ons, if any, which gave one cause (a),  (b)  2.24; 3.25 classes burns 175 20 of 50 cly  Inset to mmediate cause (a),  (b)
ate shoul g the world the state of the the state on the state ond in on	stating the underlying couse Due TO, OR AS A CONSEQUENCE OF    lost.   (c)   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(d)
7 e 4	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 ALTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
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	WHILE NOT WHILE OF factory, affice building, etc.) AT WORK AT
Sic exect ctor Po ned for ECTOR:	22a. I certify that I took charge of the remains described above, held an Autopsy 🖾, Inspection 🖾, Inquiry 🖾, and in my apinion death resulted fram: Natural causes 🗌 , Accident 🏂 Suicide 🗍 , Hamicide 🗍 Undetermined manner 🗍
DEPUTY SICAL EXAM ressary, please execute it e funeral af actor Poge 4 moy be retained for your FUNERAL DIRECTOR: Poge	ACTUAL SIGNATURE OF BOOK ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED  226 DATE SIGNED
TO DEPUTY necessary, it is the funeral 5 may be in Funeral Health private in the funeral Health private in the funeral	EXAM:NER'S NAME (Type)  John G. Ball, M. D.  DEPUTY MED CA. EXAM:NER  ADDRESS(Street, city, fown or county)  ADDRESS(Street, city, fown or county)
0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 +	230 BUR AL CREMATION, PREMOVAL (Specify) 8-2-1968 White Chapel Memorial Cemetery Detroit Mich.
VR A15ME [5] 10M REV 1/68	24 FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS  1400 Chapin Street, N. W., Washington, D. C. DAIE 350 REGISTRAR'S SIGNATURE  1400 Chapin Street, N. W., Washington, D. C. DAIE 350 REGISTRAR'S SIGNATURE



		em 2a Film 403 6-7gCMARYLAND STATE DEPARTMENT OF HEALTH	050
FOR STATE	[i]	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0103
HEALTH DEPT.		OF COL	Doy25 Year 2b. HOUR
ay is 3 to Page Page		CHARLES MERDERL CARLE DEATH MATED 7-1	1968 M
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		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) PART DEATH WAS CAUSED BY Taccomption of brain with average and the cause of the company of the cause of the cau	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
should be executed in word "pending!" in ony event within		IMMEDIATE CAUSE (a)	
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ord ord ord ord ord ord		rise to immediate cause (a). ( DUE TO, OR AS A CONSEQUÊNCE OF	
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		21d EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR AM 7-25 PRIMARY OR CONTRIBUTING CAUSE OF DEATH  21d HOUR AM 7-25 PRIMARY OR CONTRIBUTING DECEASED Shot self in right te	
INER: Te certific should by files 3 should botton, or	MEDICAL	CAUSE OF DEATH  P.M. 7-25 19 68  Deceased shot self in right te  21d IN-JRY OCCURRED  21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R F D No  City or Town	County State
cal Examiner: execute the certi or. Page 4 should d for your files TOR: Page 3 shoul		WHILE NOT WHILE AT WORK HORE HOME Forest Glen Rd Silver Spring	,
		22a & certify that took charge of the remains described above, held an Autapsy Inspection Inspection	and in my apinion
		death resulted fram Natural causes 🔲 , Accident 🔲 , Suicide 🔀 , Hamicide 🔲 , Undetermined manner	]
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		NAME (Type) /2 E DE TEAT M. DDDRESS (Sydensis) for a gounty)	(0, 1768
5 5 5 × 5 ×	230	REMOVAI (Specify)	(State)
	15 M	FUNERAL DIRECTOR WHEN 27, 1968 Parklawn Cemetery Rockulle Marylan Ruser 250 RECD BY REGISTRAR 256 REGISTRARS 5 CO	nd Snature
VR A15ME 5	Wa	Ther E. Pumphrey, Inc. Silver Spring, Md. DATEJUL 31 1968 policy	as Judge

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	▲ひえむ號	-	CERTIFICATE OF DEAT	H	
± −2±	I DECEASED-NAME	First Middle	lost	2a. DATE OF DEATH	2b. HOUR
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fun fun ter	3. SEX	4 RACE	S DATE OF BIRTH	6 AGE (In years IE UNDER YEA	R IE UNDER 24 HRS.
s afte the f oges is afte	Male	White	Feb11, 189.	dost birthday) Months ON	YS HOURS MIN.
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illed in papers	country) Mass.	4,5.	WIDOWED DIVORCED	Montgomery	Md
filled in	10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL O	R INSTITUTION (If not in hospital 120 L	JSUAL OCCUPATION (Kind of work dane 12b. KIND a mast of working life, even if retured ) INDUSTRY	OF BUSINESS OR
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AN: 1 al or icote for us Healt				enter nature of injury in Part I or Part 2, Item 18.)	
Pital Pital Pital Pital Pital Pital	OR CONTRIBUTING CAUSE  (If either, natify medical  21d No. RY OCCURRED	SE OF CEATH HOUR A.M. Month Day 1    examiner) PM	ear 19		
5 PHYSICIAN: the hospital or this certificote detached for u e Dept. of Heal	₹ 21d INJURY OCCURRED While Not while	21a PLACE OF INTELLED LAT HOME FARM STREET	T, FACTORY,) 21f LOCATION Street or R.F.D.	No City or Town County	Stote
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S C S di	22b SIGNATURE		./ -	22c. DATE SIGNED	1.0
OR OR CE 3 Ed w	1 /Vell	rex I sud	DEGRE PHYS	MED STAFF DIRECTOR PHYS. D 7/2-2	1/60
AL D	22d PHYSIC ANS	David Cal	The ADDRESS	01.10	10- nol
O HOSPITAL OR ATTENDING PHYSICIAN: The law range 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior to	NAME (Type)	MRY CI DUR	UGGSPM) 34/3	Legas rune bevue	ide Irun
HO HO	230 BUR AL, (REMATION,		OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County)	(State)
2 2 2 2	Burial (Specify)	I marie de la companya della companya della companya de la companya de la companya della company	klawn	Rockville Mont.	Md.
VR A TO LA	RobertA. Pu	mphrey 7557 Wisc	onsin Ave.	D BY REGISTRAR 2Sb. REG STRAR'S SIGNATURE	
SOM KEY SINGS		Bethesda,	Md. DATE J	UL 29 1968 Schanles &	mage.

MAKTLANU STATE DEPAKTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME Middle Lost 20 DATE OF DEATH executed within 24 haurs after death. Empletely filled in by the funeral er carbon papers Pages I and event, within 72 hours after death (Type or print) Yeor S DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS 3 SEX & AGE (In veges Jost birthdov) MONTHS HOURS YRS 9. COUNTY OF DEATH To BIRTHPLACE (State or foreign 7b. CITIZEM OF WHAT COUNTRY? MARRIED TV country) DIVORCED [ WIDOWED 10 CITX OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 125, KIND OF BUSINESS OR during most of working life, even if retired ) INDUSTRY oive (freet oddress) 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d INSIDE CITY JMJTS? 13e. STREET AND NUMBER YES attending physician and co permit. Then please remo burial, cremation, or removol, and many 14 FATHER NAME MOTHER'S MAIDEN NAME First requires that the death certificate be 16b SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN ILS ARMED FORCES? Address (If yes give war or dates of service) Yes, no, or ynknown) 070-24-292 APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (o) Myocardial infarction, old and recent BETWEEN ONSET AND DEATH permit. 20 hrs DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) signed by the burial-tronsit p 20 hrs (b) Ceronary thrembesis, eld and recent rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF by the hospital or attending physician. stoting the underlying couse Advanced corenary arterioscleres is Wears PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the talk hos been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES 🖳 NO [ be detached for use State Dept. of Health this certificate 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, not fy medical examiner) PM 21e PLACE OF INJURY / AT HOME, FARM, STREET FACTORY \ 21d INJURY OCCURRED 21f LOCATION Street or R F.D. No. City or Town County Stote While Not while ot work at work FUNERAL DIRECTOR: After 22a. I **certify** that (I) (this hospital) attended the deceased from Co 18 19 6 8, and that in (my) (our) opinion death occurred an the date and haur and from the saw the deceased alive on\_ Poge 4 moy be retained director, page 3 should shauld be filed with the couses stated above, (1) (we) (did)/did not) view the body after death 22b SIGNATURE 22c DATE SIGNED MED DIRECTOR DEGREE PHYS 22d. PHYS CIAN S 22e. ADDRESS NAME (Type) George Sharpe, 10400 Conn. Ave. Kensington. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION Storas Suitland, Prince Georges Cedar Hill Cemetery 2Sb. REG STRAR S SIGNATURE 2So REC'D BY REGISTRAR Dridgawler's Sons. Inc. VR A15 (4) 1968 5130 Wisc. Ave. N.W. Wash. D.C. 20016 30M REV 1768



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 19156 20166 CERTIFICATE OF DEATH M.ddle DECEASED-NAME First Lost 20. DATE OF DEATH 2b. HOUR death. hours after death pup funeral Sidnor (Type or print) Month Chichester Tebbs Chichester ges 1 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years 1F UNDER 1 YEAR IF JNDER 24 HRS DAYS lost birthdoy) HOURS 9-1-90 White Male 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED DIVORCED Montgomery County filled 24 Virginia Amer ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120 USUAL OCCUPATION (Kind of work done remave carbon pa 126 KIND OF BUSINESS OR within give street address) during most of work ng life, even if retired) Retired—Dept. of Jus INDUSTRY and in any event, wit Wash. San. & Hospital Takoma Park 130 USUAL RESIDENCE (Where deceased fived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER certificate be executed odmission) STATE 13b. COUNTY Montgomery YES 🔽 NO 6913 Woodland Takoma Park 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Middle Charles Chichester 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no or unknown) cremation, ar remayal, 578-24-6520 Face sheet-Hospital Chart APPROXIMATE INTERVAL aftending 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ermit. IMMEDIATE CAUSE (o) To schoutin Cardio Karlar Distare signed by the burial-transit Conditions, if any, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior to b as the un e 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? CAUSES OF DEATH? YES [ NO TZ ed for use of Realth ( TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be file with the State Dept. of ⊪ealt 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. ( AT HOME, FARM STREET FACTORY.) 21f. LOCATION Street or R.F.D No. 21d INJRY OCCURRED 21e. PLACE OF INJURY State City or Town County White Not while of work ised from Miles, 1956, to July 15, 1965, that (I) (we) last 1962, and that in (my) (aur) apinian death accurred an the date and haur and from the 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive and causes stated abave, (1) (we) (did) (diamat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) EREMATORY LOCATION (City or Town BUR AL CREMATION -(County) (Store) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4) 30M REV, 1/68



7 1	I t	tems 18&22aFilm 40h MARYLAND STATE DEPARTMENT OF HEALTH	
FOR TOPE		10157 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1
HEALTH OFFT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month Day Y (Type or Print) RICHARD FRANKLIN CHRISTIAN CHRISTIAN	168 25 HOUR
3. 3. me	3 5	SEX ARCE S DATE OF BIRTH 6 AGE (In years IF JADER 1 VEAR IF UNDER 24 HRS Lost birdholdy) MONTHS DAYS HOURS MIN MONTHS DAYS HOURS MIN 7 Day 18 Year	68 8:10
I, 2, orrm PM	7o caur	o BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED S 9 COUNTY OF DEATH WIDOWED DIVORCED MONTGO MERY	20.4
e Poges with for	10.	D. CITY OR TOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (If not in haspital live steet address)    12a USUAL OCCUPATION (Kind of wark done live steet address)   12b KIND (Indiana most of wark not life even if retired)   INDUSTRY	OF BUSINESS OR
after 8. Giv olong olong with the	13a	GAITHERSBURG  RT. 1  NONE—CHILD  3a USJA. RESIDENCE (Where deceased lived, 1 institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY MONTGOMERY GAITHERSBURG YES NO 6c ROUTE 1	
hours trem 10 Office cofter	14.	4. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	lost
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should be exert word "pend the Chief Me unal-transit pend any event		Canditions, if any, which gave is to immediate cause (a), (b) and adrenal hemorrhage	
should e wor a the ourral-		(waterhouse*Friderichsen Syndrome?)	
9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITION GIVEN IN PART 1(a)	
0 5 5 E /	CERTIFICATION	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20 A  Y	ES NO 🗆
변두 즐겁다	MEDICAL CES		
EXAMINER: upte the certifuge 4 should your files. Page 3 should tremation, tremation, tremation,	ME	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT	State
AL EXECU- EXECU- T. Pog for y for y mnol,		22a 1 certify that I took charge of the remains described above, held on Autopsi, Inspection, Inquiry, and death resulted from: Natural causes 7 Accident 7. Suicide 7. Homicide 7. Undetermined marker	in my opinion
pleose e l'airector retained DIRECTOR D		ACTUAL BY CHIEF MEDICAL EXAMINER	
Pr.		EXAMINER'S 7	2/9/8
TO DEPU	230	NAME (Type)  230 BUR AL CRIMAT ON, BUY (1914)  7-21-68  230 NAME OF CREMATORY Derwood Cemetery  23d LOCAT ON (Cut of Town) (County) Derwood Mont. Md	(State)
VR A15ME (5)		Robert A Pumphrey  7557 Wistonian Ave   250 RECD BY REGISTRAR   256 REGISTRAR'S SIGNATURE   DATE JUL 2 2 1868 Reclaration   1968 Received State   1968 Rec	nder
IOW WEA 1100	_		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR death. 24 haurs ofter death puo funeral (Type or print) Frances Manth May Cissel July S DATE OF BIRTH 6. AGE (in years FUNDER 1 YEAR 3. SEX 4. RACE IF UNDER 24 HRS haurs ofter last birthday) MONTHS DAYS HOURS W Oct. 12, 1885 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED burial-transit permit. Then please remove carbon paper. burial, cremation, or re≡ovol, ond in any event, within 72 WIDOWED F D.VORCED [ District of Columbia U.S.A. Montgomery filled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR executed within Asbury Methodist Home during most of working life, even if retired)
Milliner INDUSTRY remove corbon Gaithersburg 13a USUAL RES DENCE (Where deceased lived, if institution. Residence before) 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER District of Columbia YES T 716 Crittendon St., N. E. Washington 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle First Middle Last Wilbur Fisk Cissel Virginia Mary Brown Sicion. requires that the death certificate 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, or unknawn) Asbury Methodist Home, Gaithersburg, Md. 578-01-3508A attending phys 18. CAUSE OF DEATH (Enter only one cause per line for the (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditions, if any, which gave signed by the burial-transit p rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4 mov be retained by the hospital or attending as the has been 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO [ TO FUNERAL DIRECTOR: After this certificate ha director, page 3 should be detached for use should be filed with the State Dept. of Health p YES [ 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, nat.fy medical examiner) P.M (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R F D No. 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deseased fram and that in (my) (por) apinian death occurred on the date and haur and from the saw the deceased alive ancauses stated abave, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE S/GNED MED PHYS CIAN S 22e. ADDRESS 23d. LOCATION (Coy or Town) 23a BURIAL, CREMATION (State) (Caunty) 2Sg. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68



111	13t	ems 18&22a Film 404 MARYLAND STATE DEPARTMENT OF HEALTH 11-68 ams division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201	:59
FOR STATE		20159 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7 8 4 8
HEALTH DEPT.		DECEASED-NAME First M.ddle Last 2a. DATE KNOWN Month D  OF ESTI-	Day Year 2b. HOUR
olay is d 3 to Poge		Albert Johnson Coffman DEATH MATED 7-31	<u>- 196811:38</u>
any delay is 2, and 3 to PM3. Page	3 9	lost birthday) MONTHS DAYS HOURS MIN Month Day	Yeor 2d HOUR
2,2 y	70	M White 2-25-25 43 YRS 7-31 BIRTHPLACE (State at foreign 76 CHIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	168 11:38
-		ntry)	Md.
h fo	10.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INST.TUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 17	2b. KIND OF BUSINESS OR
hours ofter death.  Item 18. Give Poges 1,  Office olong with form  I and 2 with the State Death.		Takoma Park give street address) during most of working ife even if retired) IN Machine Repairman	NDUSTRY PEPCO
s ofter 18. Giv 9 olong 2 with 1	130	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 130 CTY OR TOWN 134 MISIDE CITY LIMITS? 136. STREET AND NUMBER	
ors of 18, 00 to		Md_ 1/ Prince Geoffe	
hour Item Office I ond 2	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
him 24 in mings shours hours	160	Frank Coff/man Goldie Belle WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Fike
within 24 pend in somings Ado pages 72 hours		Yes, no or unknown)   (1) yes give war or dates at service)   Will-Korean   Wife 9515 50th Place Coll	A DI- M-
be executed within 12 miles Medical Exemilies Medical Exemilians on the property of the property of the property within 72 h		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROXIMATE MERVA. BETWEEN ONSET AND GEATH
executed nding in Medical permit.		PART I. DEATH WAS CAUSED BY.  Acute pneumococcal meningitis	DETWICEN ON XT AND DEATH
pe execute "pending" ief Medicq nsit permit		Due To, Or as a consequence of	
be 'pr 'pr 'pr 'pr 'pre 'onsi		Canditions, if any, which gave insert a immediate cause (a), (b)	
should be e ne word "per o the Chief i buriol-tronsit I in ony ever		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sh to the burn d in		last. (c)	
cal Examiner: This certificate should be executed within 24 hours ofter death execute the certificate, writing the word "pending" is perval in Item 18. Give Pogistr. Page 4 should be forwarded to the Chief Medical Examinars Office along with dor your files.  Tor. Page 3 should be used as a burial-transit permit. File-pages land 2 with the Staunal, cremation, or removal, and in any event within 72 hours after death.	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certili writh orwar used mova	CERTIFICATION	19a. DATE OF OPERATION 19b. COND TION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This afe, oe for the last for t	RTIFI		YES NO
# _ = 0		PRIMARY OR CONTRIBUTING HOUR A M.	1 (8) /
INER e cer shoul files. 3 sho nation	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Yown	County State
DICAL EXAMINER: se execute the certicator. Poge 4 should ned for your files. ECTOR: Poge 3 should burial, cremation,		WHILE AT WORK AT WORK factory, affice building, etc.)	
bical EXA bleose execute director. Poge etained for you DIRECTOR: Pogo or to burial, cre		22a. I certify that 1 sook charge of the remains described above, held an Autapsy , Inspection , Inquiry ,	and in my apinian
	1	death resulted frame. Natural causes 🔼 , Action 🔲 , Suicide 🔲 , Hamicide 🔲 , Undefermined manner	_
Ty, please y, please rad direct to prior to		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER COST DATE STORY	
RAI Price		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L	GNED
TO DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S NAME (Type) 35/06/06/06/06/06/06/06/06/06/06/06/06/06/	1.1968
5 a 4 2 5 a	230	BUR AL CREMATION, 23b DATE 23c NAME OF CEMEURY OR CREMATORY 23d LOCATION (City or Town) (C	Caurity) (State)
		REMOVAL (Specify) Aug 3, 1968 Ft Lincoln Cemetery Colmar Manor Pro	
VR A15ME (5)	24	FUNERAL DIRECTOR  F. Gasch's Sons Hyattsville, Md.  250. REC'D BY REGISTRAR 250  261.	
10AL REV 1/68		P. Masch's Sons Hyattsville, Md. DATE AUG 5 1968 gollon	Can Judge
191		•	





		DIVISIO		AL RECORDS, 301						at the at
R STATE		19161	M	EDICAL EXAM	INER'S C	ERTIFICATE (	OF DEATH			t y
LTH DEPT.	1 D	ECEASED NAME 'Fin	t2	Middl	е	Lost		20 DATE KNOWN	Month D	oγ Year 2b HOUR
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Page ent of	3. S				6 AGE (In years	MONTHS DAYS	F JNDER 24 HRS HOURS MIN	2c. DATE PRONOUNCED		2a HOUF
E E		Female Cauc	Jan	.3, 1899	lest birthday) YRS		HOOK3 MINE	Month July	Day 31	Year 19 6/3 4004
land 2 with the Side Department				OF WHAT COUNTRY?	8. MA	RRIED ENEVER MARI		UNTY OF DEATH		
(3)	cour	ry) Alabama	USA		W-D	OWED DIVOR	RCED 🔲 M	ontgomery		M
The S	0. (	ITY OR TOWN OF DEATH		11 NAME OF HOSPITAL	OR INSTITUT O	V ( f nat in haspital		CCUPATION (Kind of wor		NO KIND OF BUSINESS OR
>		Bethesda		Solfaplie Attack				FAMMEL LE Ge eneu il t	etired.) IN	IDUSTRY
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	L°	amassion) STATE Virgin	ia sa. Co	Arlingto	on Ar	lington	YES NO 🔀	3513 Powl	natan	Street
ofter	14 F	ATHER'S NAME First		Middle	Last	15 MOTHER'S MAID		Mid	dle	Last
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hours	160	WAS DECEASED EVER IN U.S ARMED es, no, oxygnknown) (If yes gr	FORCES?	16b SOCIAL SECU		17. INFORMANT Ar.			s Virg	
72	L	110	- H2. 0. (0)143 0.	228–30	-3954A	Mr. John V	W. Colli	ns, Jr., 35	13 Po	
		18 CAUSE OF DEATH (Enter o								APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS IMMED	ed by Iate Cause (1	TO OR AS A CONSEQUE	brol	Intel	retion			2140-
exent	ľ	2 '	DUE	TO, OR AS A CONSEQUE	NCE OF		~			
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any		stoting the underlying couse		TO, OR AS A CONSEQUE	NCE OF					
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Ĕ		PART 2 OTHER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERMINAL DIS	SEASE OR CONDITIO	ON GIVEN IN PART I(o)		
maval, a	N N	1040								
ng o	CERTIFICATION	190. DATE OF OPERATION		19b. CONDITION WAS PERFO		ERATION				20. AUTOPSY?
<u> </u>	ME									YES NO 🔀
	100	21a EXTERNAL CAUSE WAS PRIMARY OF OR CONTRIBUTING	[2] b T	TME OF INJURY Month, De				ore of injury in Part 1 or		
	MEDICAL	CAUSE OF DEATH	185	PM may	131968	+ al	lath	ome cour	3.720	class of Rt hurps (ounty State
	Æ	21d IN.JRY OCCURRED 21e	PLACE OF IN actory, affice	JURY (At home, tarm, s building, etc.)	treet,	21f LOCATION Street or	r R F D No	City or Town		County State
		AT WORK AT WORK DA	H	724.						Uslengton Va.
		22a. I certify that I	took charg	ge of the remains de	scribed abov	e, held an Autop	isy 🔲, 🏻 In	spection 🔀, Ind	Jiry 📈	and in my opnior
2		deoth resulted from.	Naturo	ıl causes 🔲, 🛚 Ac	cident 💢 🗀	Suicide	Homicide 🔲	, Undetermined r	nanner [	]
5			0	· ~ 10		CHIEF	MEDICAL EXAMIN	ER 🗌		
prior to		ACTUAL SIGNATURE	m?	2. Ball			TANT MEDICAL EX	SHIPTIET .	226 DATE SIG	
Hade y		EXAMINER'S					TY MEDICAL EXAM		31 Ju	ly 1)68
5 %		NAME (Type) John		11, M. D.		ADDR	RESS(Street city, to			
	230	(Wineas) IAVEMAG	DATE			OR CREMATORY		LOCAT ON (City or Tow	n) (C	aunty) (State)
		REMOVAL (Specify) AT	1g. 2,	1968 Arl	ington	National		Arlington,	Virgi	inia
1815	24	FUNERAL DIRECTOR Arling 3901 North F	ton F	uneral Home	ADDRESS	11. 72	2So. REC'D BY RE	GISTRAR 256 REG	SISTRAR'S SIG	GNATURE
(5) /68		3901 North F	airfa:	x Drive, Ar	lingto	1. Va.	DATE ALLS 5	1968 (	Char	las Judge

MARYLAND STATE DEPARTMENT OF HEALTH



		10162	DIVISION OF VITAL RECORD	5, 301 W. PRESTON STREET, BA		10172
		TOTOM		CERTIFICATE OF DEATH	1	
=2€		CEASED-NAME First		Last	Za. DATE OF DEATH Manth 1	2b, HOUR
uneral uneral sr deat		LLE1	anor M.	CONOVER	July	6 1968 5:15 M
s after the fur ages I	3. SI	remale	4 RACE WHite	S DATE OF BIRTH OCT. 6, 1	894 (If years last birthday)	MONTHS DAYS HOURS MIN.
Onnor A	7a (00	IRTHPLACE (State ar foreign TOWA	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTGOMER	°Y Md.
within 2 ely filled ban pap within		ethes da, me	11 NAME OF HOSPITAL OR give street address) GR Nucksing	DUSC NOR LANG DUTING	SUAL OCCUPATION (Kind of wark dan mast all warking life, even if retired some Courselog A	e 12b. KIND OF BUSINESS OR INDUSTRY GOUT.
uted with impletely we carban event, wi	13a adm	USUAL RESIDENCE (Where decedession) STATE Vinginai	sed lived, if institution. Residence before			
be executional and campa ever in any ever	14.	ATHER'S NAME FIRST	Middle Last B. Mc.!	-ALL IS. MOTHERS MAIDEN NAM	E Fyst Middle	Ballard
ertificate be physician c en please aval, and ii		WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITION OF dates of service)	YNO 17 INFORMANT	Address	
at the death co the attending rsit permit. If mation, ar rem		1B. CAUSE OF DEATH (Enter of PART DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE (b)	THE BRAC VAS		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires the physician. signed by burial-trar burial, cre		stating the underlying cause last  PART 2 OTHER SIGNIFICANT CO	) (c) A12	TERIC SCLERCE NOT RELATED TO THE TERMINAL DISEASE	770 HEART DISC	BE 10tyro
w required plants of the property of the prope	NO	4	HYPERPYR	EXIA (+.107	5(D)	•
: The law ratending or attending e has been use as the	CERTIFICATION	19d. DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION WAS		20b IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
PHYSICIAN: e haspital ar his certificate stached far u Dept af Heal	MEDICAL CER	21a ACCIDENT WAS UNDERLYI or contributing cause of dea (If either, notify medical exam	ATH HOUR A.M. Month Day Ye	21 JOW INJURY OCCURRED (E	nter nature af injury in Part 1 ar Part	2, Item 18.)
PHYS te has his ce etache Dept	器		PLACE OF INJURY (AT HOME FARM STREET, OFFICE BUTTING ETC.	FACTORY 21F LOCATION Street or R.F.D	Na City or Town	Caunty State
ATTENDING stained by the CTOR: After the should be dith the State		sow the deceased of	his haspital) attended the dece alive on re, (I) (we) (did) (did not) view th	_18 and that in (my) (our)	apinion deoth occurred on the	
DR Se re		225 SIGNATURE Charl	11.0	M.D. DEGREE PHYS	MED STAFF 2	24 DATE SIGNED
AI AI Page for the first		22d PHYSIC AN S NAME (Type) C H	ARLES SAVAR	ESE, 4.D. 22e ADDRESS 11/28	- ROCKVILLE FR	PROCENCE, M
HOSPI Page 4 n FUNER director,	23a		- Committee of the Comm	OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
2 2 2	C	The state of the s	MALLE FORT		D BY REGISTRAR 2Sb REGISTRA	, WIARYLAND
VR A IS IN	24 E	FUNERAL DIRECTOR KW.	TIEN HIEVAND			was Inda

MAKTLAND STATE DEPAKTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a DATE OF DEATH 2b (Type or print) onover e carbon popers. Poges T vent, within 72 hours after 5 DATE OF BIRTH 3 SEX 4. RACE 6. AGE (In years IF UNDER I YEAR lost birthdoy) aucasian e law requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED 🔀 NEVER MARRIED 🗌 country completely filled in DIVORCED [ WIDOWED [ 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 10 CITY OR TOWN OF DEATH ₹2b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street address 13g. USUAL RESIDENCE (Where deceosed fived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 3e. STREET AND NUMBER admission) STATE 13b. COUNTY נח מחץ 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Last pup CONOVER. DSONS ottending physician permit. Then please PLIC 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (If yes give war or dates of service) Yes no, or unknown? buriol, cremation, or removal, 18 CAUSE OF DEATH (Enter only one couse per line for (q), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave ) buriol-transit rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physicion. stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) IO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched far use as the should be filed with the State Dept. of Health prior to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPS: 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES IV NO [ 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY TO HOSPITAL OR ATTENDING PHYSICIAN: 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) ( AT HOME FARM, STREET, FACTORY.) 21f. LOCATION OFFICE BUILDING, ETC. 21d INJURY OCCURRED 21e. PLACE OF INJURY Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from Weenher, 19 47, 10 27, 19 47, that (I) (we) last saw the deceased olive on 24, 19 48, and that in (my) (our) apinion death occurred on the date and hour and from the (we) (did) (did nat) view the body after death. causes stated above, (1) 22b. SIGNATURE 22c DATE SJĞNED ATTENDING STAFF DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) 23a BUR-AL CREMATION renation 7/29/68 Washington Lee's Crematorium 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 1968 Washington, D. C. 30M REV 1/68 DATEAUG 2 Lee Funeral

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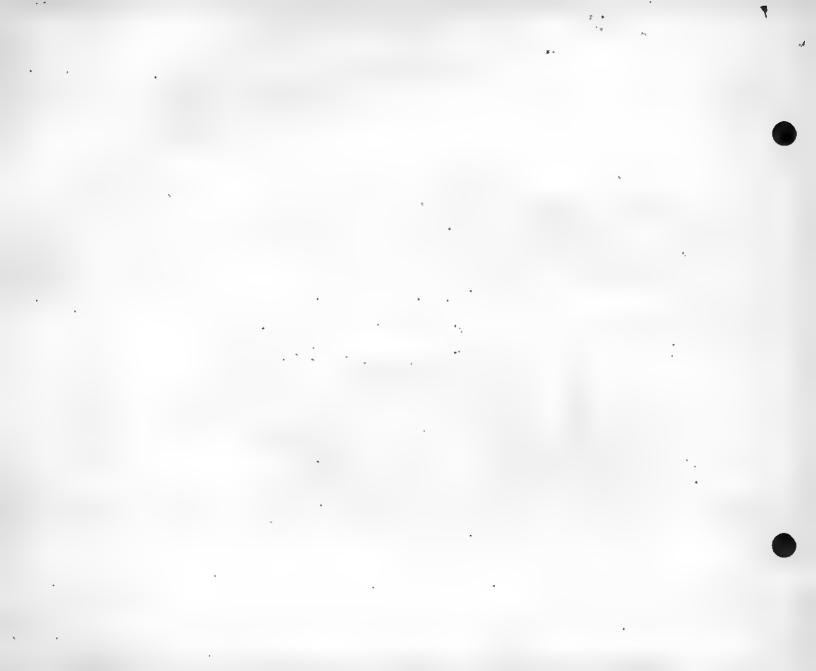
1/1	It 8_	ems 18-22aFilm 404 MARYLAND STATE DEPARTMENT OF HEALTH 26-68 and Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201	() of 100 H
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0174
HEALTH DEPT.	1 D	DECEASED-NAME First Myodle Lost 20 DATE KNOWN Month E OF ESTI- DEATH MATED & JULY	Day Year 2b HOUR
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		MIDOWED & DIVORCED Montgomer	4 Me
ve Poges y with to	10. (	CITY OR TOWN OF DEATH  11 NAME OF HOSP TAL OR INSTITUTION (If not in hosp tal during most of work ng life, even if refired) Ill  Silver Spring  120 USUAL OCCUPATION (Kind of work done I during most of work ng life, even if refired) Ill  Richten Ale. Cata in accessing only	26 KIND OF BUS NESS OR NOUSTRY POLITY
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hn 24 hours after noil in Pern 18. Gr niner's Office olong poges 1 and 2 with hours after deoth.	14 F	FATHER'S NAME First Middle ast Is MOTHER'S MAIDEN NAME First Middle Sandens Liker Formby Essie	Prainston
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certificate should be executed within 24 hours after death writing the word "pending" in Mencil in Item 18. Give Page provarded to the Chief Medical Examiner's Office along with Used as a burial-transit permit. File pages Land 2 with the Statemoral, and in any event within 72 hours after death.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) ) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  Anoxia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d be ex Chief M Cransit p		Candit ans, if any, which gave is to immediate cause (a),  (b) Overdose of alcohol & equinal  DUE TO, OR AS A CONSEQUENCE OF  (b) Overdose of alcohol & equinal	1 hour ?
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L er er	CERTIFICATION	196. COND T ON FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
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= 5 22 ± € 5	MED	21d IN.JRY OCCURRED   21e PLACE OF INJURY (At home, form, street, at work   1 at work   1 at work   21f LOCATION Street or R.F.D. No   City or Town   8107 Eastern Ave. Silver Spring	County State ng Mont. Md.
NL Execution For for for riad,	-	22a. I certify that I taak charge of the remains described above, held an Autopsy. Inspection . Inquiry	and in my opinian
DEPUTY DICAL EXAM scessory, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth prior to burial, cren		death resulted from Natural causes, Accident	
A P a digital		ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER SOLUTION	els 68
O DEPUTY necessory, the funera 5 may be 5 FUNERA Health pr		NAME (Type) John G. Kall ADDRESS(Street, cty, town, or county)	0
TO DEPUT  necessory the funer 5 moy b TO FUNER  Health	230	REMOVAL (Specify) July 9, 1968 Anlington National Cem. Arlington, Virgin	
VR A15ME (5)	24	FINERAL DIRECTOR getter College Cally 2474 (ADOSESTICA Avo. 1250 RECID BY REGISTRAR S SI	

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ے 2ء		DECEASED NAME	First		Middle		Lost	20	DATE OF DEATH	1		26 HOUR AT
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A -25 =	3. 5	SEX		4. RACE			S. DATE OF BIR	RTH	6. AGE (I	n veors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
equires that the death certificate be executed within 24 hours affer physician. Signed by the ottending physicion and completely filled in by the buriol-transit permit. Then please remove carbon pagers. Pages buriol, crematian, or removal, and in any event, within 72 hours after		Femal	.e	Th	<i>T</i> hite		April	4, 1961	last bir	thday) YRS.	MONTHS DAYS	HOURS MIN
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6	14	FATHER S NAME	First	Middle	Lost		IS MOTHER'S MAI	IDEN NAME First		Middle		Lost
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tha an. by ran cren		stating the underlying cause	DUE TO, OR AS A CONSEQUEN	ICE OF	V			1	<b>'</b>
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Sold Sine		causes stated above	e, (I) <del>(we)</del> (dīd) <del>(did not)</del> viev	v the bady afte	r death.				
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED: NAME Middle ost 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Month 68 29 3 SEX 6 AGE (In years IF LINGER 1 YEAR IF LINCER 24 HRS 4. RACE S. DATE OH BIRTH lost birthdoy) lease remove corbon popers. Pa dempletely filled in by 9 COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED [ ] NEVER MARRIED country WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12e USUA, OCCUPATION /Kind of work done 12b KIND OF BUSINESS OR give street oddress dyring most of working life, even if retired ) INDUSTRY 13c CITY OR TOWN 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE √3b. COUNTY 14. FATHER'S NAME Midlew IS. MOTHER'S MAIDEN NAME First 5 16c. WAS DECEASED EVER IN U.S ARMED FORCES? 16b. SOCIAL SECURITY NO INFORMANT (it yes give war or dates of service) Yes, no, grunknown) director, page 3 should be detoched for use as the burial-transit permit. Then pl should be filed with the State Dept. of Health prior to burial, cremation, or remaval, attending phys phy APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one couse per-line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Cond tions, if ony, which gave ) signed by the buriof-transit p rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Poge 4 moy be retained by the hospital or attending hos been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🔼 NO [ FUNERAL DIRECTOR: After this certificate irector, page 3 should be detached for us 2 a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED State City or Town County While Not while at work 220. I certify that (I) (this haspital) attended the deceased from July 26 19.00 to July saw the deceased alive an 12429 \_\_\_\_\_1965 and that in (my) (por Fopinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the bady ofter deoth. 22b. SIGNATURE JUL DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRES 8708 NAME (Type) 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL, CREMATION (County) (State) REMOVAL (Specify) Prince Georges 0 remation 24 FUNERAL DIRECTOR 2Sa REC D BY REGISTRAR DATAUG 2 Pumphrey.

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MARYLAND STATE DEPARTMENT OF HEALTH 101.69 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10:79 CERTIFICATE OF DEATH 20. DATE OF DEATH 2b HOUR Middle Lost . 1. DECEASED-NAME Exist after death. and (Type or print) C a PFIEF 3 SEX 4 RACE 5. DATE OF BIRTH GE (In years IF UNDER I YEAR F JINDER 24 HRS MONTHS HOURS YRS 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED [ 125 KIND OF BUSINESS OR burial, cremation, ar remayal, and in any event, within 10. CITY OF IDWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12a, USUAL OCCUPATION (Kind of work done requires that the death certificate be executed within A kom a dur namost of working life Hoar C. 13e STREST AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 3d INSIDE CITY JAMITS? COLINEY YES X NO [ 14. FATHER S NAME and S MOTHER'S MAIDEN NAME FIRST M.ddle signed by the attending physician burial-transit permit. Then please 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Yes, no, or unknown) None APPROX MATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and BETWEEN ONSET AND DEAL PART 1. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF \* Conditions, if only, which gove ) nse to immediate couse (a). DUE TO, OR AS A, CONSEQUENCE OF stoting the underlying couse; BUT NOT RELATED TO THE PERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH as the prior to b TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [ of Health p O HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital or 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. directar, page 3 shauld be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street of R F.D. No. Stote City or Town County DEFICE BUILDING, ETC. While Not while at work et work 220. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on 1965, and the \_\_19\_\_\_, and that in (my) (our) apinion death occurred on the date and hour and from the couses stoted above, (1) (we) (did) (did not) view the body after death. MED DIRECTOR 72d. PHYSICIAN S/ NAME (Type) 23b DATE NAME OF CEMETERY OR CREMATORY (County) (State) 230. BURIAL, CREMATION, REMOVAL (Specify) Cemet FUNERAL DIRECTOR VR A15 (4)) 30M REV. 1368 1968 J. Iver Spring



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Last 20. DATE OF DEATH 2b. HOUR A death. 24 haurs ofter death. 11:05M (Type or print) 1968 Phy11is Genevieve Curry IF JINDER I YEAR IF UNDER 24 HRS. 4 RACE S. DATE OF BIRTH 6 AGE (In years 3 SEX last birthday) White Female September 7. 58 1909 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED | NEVER MARRIED | X (Quintry) Pennsylvania USA WIDOWED | DIVORCED [ Montgomery County IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR certificate be executed within during most of working life, even if retired )
Clerk give street oddress]
The Clinical Center, NIH **INDUSTRY** eas remave carban. Land in any event, wit Bethesda U.S. Govt 130 USUAL RES DENCE (Where deceosed I ved, if institution: Residence before 136. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c CITY OR TOWN odmissian) STATE 13b. COUNTY YES X NO I 2430 Pennsylvania Ave. N.W 14. EATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle First Harold May Curry Reed 16b. SOCIAL SECURITY NO. 17 INFORMANT The Medical Record, Adderinical Center. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no, or unknown) signed by the attending peys burial-transit permit. Then pr burial, cremation, ar retrieval. National Institutes of Health, Bethesda, Md. 577-60-0178 APPROX MATE INTERVAL BETWEEN ONSET AND GEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) requires that the death Intestinal Obstruction due to metastases 8 months DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) Radiation Enteritis 2 years rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 3 years Adenocarcinoma of the urethra PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) TO FUNERAL DIRECTOR: After this certificate has been should be detached far use as the with the State Dept. af Health priar ta 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO 🗀 YES T 210, ACCIDENT WAS UNDERLYING 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No State 21d HUJRY OCCURRED City or Town County White Not while 220. I certify that XIX (this haspital) attended the deceased from Nov. 20 , 19 67, ta July 15 , 19 68 , that XIX (we) last saw the deceased alive an July 15 , 19 68, and that in XXIX (aur) apinian death occurred an the date and haur and from the causes stated above X(X (we) (did) (\$\div X(X)) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURI ATTENDING 15 July 1968 DEGREE DIRECTOR The Clinical Center, National 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) Samuel B. Itscoitz. M.D. Institutes of Health, Bethesda, Md. 2001 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 73g. BURIAL CREMATION. 23b, DATE Re Kova (Peubliria) St. Leo's Catholic Ridgeway. Penna. Joseph Gawler's Sons. Inc. 5130 250. REC'D BY REGISTRAR Wisc. Ave VR A15 (4) 30M REV. 1/68 N.W. Wash D.C. 20016

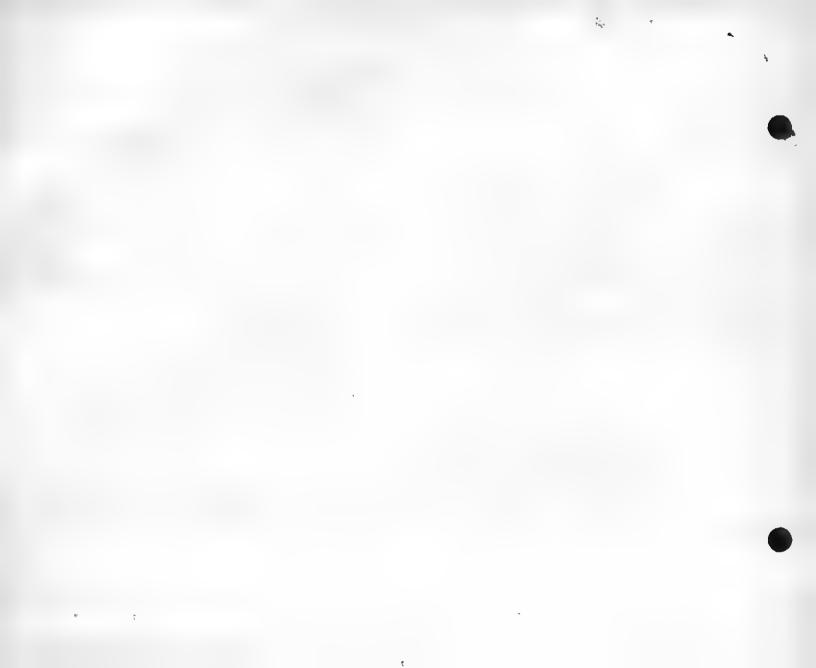
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MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH





Of A months		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
C-25	It	certificate of Death
20 € -2€		ECEASED-NAME - First Middle Last 20. DATE OF DEATH 2b. HOLIR
00 1 mg	$V^{\scriptscriptstyle ()}$	ype or print) NELLIE 5, DENNISON 7 Month 22004 (SYear 948)
NA PRE	3 SE	S DATE OF BIRTH  6 AGE (n years   If UNDER 1 YEAR   IF UNDER 14 HRS.  1 In years   If UNDER 1 YEAR   IF UNDER 14 HRS.  1 In years   If UNDER 1 YEAR   IF UNDER 14 HRS.  1 In years   If UNDER 1 YEAR   IF UNDER 14 HRS.
(2) 是 传播》	-	TE White 6-28-83 (ast birthday) MONTHS DAYS HOURS MIN
hours by	7a.	BIRTHPLACE (Stote or foreign 76-GITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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and co	14	FATHER S NAME First Middle Lost IS MOTHER S MAIDEN NAME First Middle Lost
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uires that the death certificate be executed hysicion.  gned by the ottending physicion and complained by the ottending physicion and complained by the ottending physicion and complained by the ottending physicion and in ony ever urial, cremation, or removal, and in ony ever		WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17 INFORMANT
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that the death certifion.  by the ottending play transit permit. Then cremova		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)).  PART I. DEATH WAS CAUSED BY.
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he of per jour, jo		DUE TO, OR AS A CONSEQUENCE OF
asit to most the most		Conditions, if any, which gove (b) your alred Qoternes Cloud 17
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y sice of riel		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
S P S S S		TAKE 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RECUTED TO THE TEXAMINAL DISEASE OR CONDITION STYLE IN TAKE 1(d)
or the	NO	190 DATE OF OPERATION 196. CONDITION FOR WINCH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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	E	21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18.)
The form	3	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year
VSICIAN: ospital or certificate hed for u	MEDICAL	(If either, natify medical examiner) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While - Not while
Se in Figure 1		While hat while of work of work
No the day	Н	22a.   certify that (1) (this haspital) attended the deceased from 1965, to 12a.   that (1) (we) las
NDI Sed by Bed by Bed by Bed by	ш	22a. I certify that (I) (this haspital) attended the deceased from, 1965, to, to, that (I) (we) lase saw the deceased alive an, 1965, and that in (my) (our) opinion death accurred an the date and hour and from the
ATTEN) retained ECTOR: /	П	causes stated abave, (I) (we) (did) (did nat) view the bady after death.  226 DATE SIGNATURE
TAI OR ATTENDING PHINDS be retained by the half DIRECTOR: After this page 3 should be detailed with the State Degree	1	220 SIGNATURE M.I) DEGREE ATTENDING DE MED. STAFF DIRECTOR DIRECTO
Dad be		
RAIL BE DE		22d. PHYSICIAN'S LRA N. TUBLIN SILVER SPRING POD
D FOSFITAL of FUNERAL D director, page should be file	230	BURIAL CREMATION 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
Page / C FUN		REMOVAL (Specify) 7/2//2 Perchwood FALLS Creek Jefferson Pa.
₩ ₩ ¥R A15 (4)		FUNERAL DIRECTOR 15-1 OCKV1! ADDRESS 150 250 RECO BY REGISTRAR 256 REGISTRAR'S SIGNATURE
30M REV. 1/68	I	YJON WHE LET Declarities Many and 20257 DATE JUL 2 A 1988 Octomber Verlage

MARYLAND STATE DEPARTMENT OF HEALTH



1	Ttems, 18-22a Film 403 MARYLAND STATE DEPARTMENT OF HEALTH 7-31-68 ams Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	95
HEALTH DEPT.	1. DECEASED NAME 20 DATE KNOWN Month Day	Yeor 2b HOJR
ay is 3 to Page ent of	(Type or Print)  BARBARA  JEAN  DICKSON  OF ESTI-  DEATH MATED	19 M
d 3 to d 3 to ent of	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (n years IF UNDER ) YEAR F UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
ny delay 2, and 3 2, and 3 80 80 80 80 80 80 80 80 80 80 80 80 80	Female   White   32 YRS   7 17, 1801	1968 4:30m
7-15	70 BIRTHPLACE (State or foreign country)  70 CITIZEN OF WHAT COUNTRY?  8. MARRIEDNEVER MARRIED 9. COUNTY OF DEATH WIDOWED D VORCED MONTGOMERY	PM Ma
hours after death ltem 18. Give Page. J Office along with form Tond 2 with the South	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 20 USUAL OCCUPATION (Kind of work done) 120 KINI Rockville    Output   Company   Com	D OF BUSINESS OR Y
after de 8. Give folong w with the beath.	130 USJAL RESIDENCE (Where deceosed fixed, Einstitct on, Residence before 13c CITY OR TOWN 3d MASGE CITY JAMES 13e STREET AND NUMBER	Apt.14
s after 18. Gree olong	odmission) STATE Md. 136 (OUNTY Montgomery Rockville YES NO 12202 Braxfield (	Court
	14. FATHER S NAME First Middle Lost 15 MOTHER S MAIDEN NAME First Middle	Last
within 24 pencil in xaminer's xaminer's 11 pages 172 hours	16 a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknawn) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
This certificate should be executed within 24 icote, writing the word "pending" in pencil in be forwarded to the Chief Medical Examiner's dibe used as a burial-transit permit. Filt pages or removal, and in any event within 72 hours	18 CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c)  PART I. DEATH WAS CAUSED BY  MMEDIATE CAUSE (a) Overdose of meprobamate  Outlines, if any, which gave rise to immediate cause (a), stolling the underlying cause lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(a)	PPROX.MATE INTERVAL WEEN ONSET AND DEATH
	WAS PERFORMED?	AUTOPSY?
# n = 0	FRIMARY X OR CONTRIBUTING HOURAM ? Took overdose of meprobamate	
CAL EXAMINER: execute the certion. Poge 4 should of for your files. CTOR: Poge 3 shoul burial, cremotion,	TABLE OF DEATH    VALUE OF DEATH   PM	
To DEPUTY SICAL EXAMIT necessary, please execute the the funeral director. Page 4 sis 5 may be retained for your 170 FUNERAL DIRECTOR: Page 3 Health prior to burial, cremo	deoth resulted from: Noturo couses , Accident , Suicide X, Homicide , Undetermined monner .  ACTUAL SIGNATURE	nd in my opinion
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,	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
A CONTRACTOR OF THE PARTY OF TH		CERTIFICATE OF DEATH
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and the state of t		Female	4. RACE White			S DATE OF BIRTH  July 11,		last bil	in years rthday) YRS,	MONTHS CAPS	IF UNDER 24 HRS HOURS MIN
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TO HO Page 10 Full direct dire		emation .	DATE 7-25-68		San &	Hoppit		LOCATION (City of akoma E			(State) Md.
30M REV VER		eineral Director hn D. Ruffc akoma Park,			1 Ave	2.	EAUG 5	1968	gClio		yr.

MAKTLAND STATE DEPARTMENT OF HEALTH



1/4-	1			STATE DEPARTMENT O		
77/11/11		19179	DIVISION OF VITAL RECORDS,			
(IVI)		20244	· (	ERTIFICATE OF DEAT	H	10188
<b>₽</b> =22€		CEASED NAME First	Middle	Last	2a DATE OF DEATH	2b H000
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and the second s		female	white	Aug. 10,	1903 64" YRS.	MONTES ORTS TODAS MIN
haurs haurs	70 E	IRTHPLACE (State or foreign 7	b citizen of what country?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
d iff	COUNT	Maryland	U. S.	WIDOWED DIVORCED	Montgomery	Md.
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with vije	L	Rockville	give street address) 717 Grand	in Ave.	nousewife	at home
ed v	13a.	USUAL RESIDENCE (Where deceased	lived, if institution. Residence before	13c CITY OR TOWN 13d INSIDE C	and the second	
cut am eve		ssion) STATE Maryland	Montgomery	Rockville YEX	NO 1311 Grandi	Ave.
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n an are real din		Charle			mma l	Barnes
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ng Th		18. CAUSE OF DEATH (Enter Only	ane couse per line for (a), (b), and (c) (BY.			BETWEEN ONSET AND DEATH
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att perr jan,	П	3137	DUE TO, OR AS A CONSEQUENCE OF	n +		00
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	1		4.64.99.9	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALL	TIMORE, MARYLAND 21201	
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	A P P P P P P P P P P P P P P P P P P P		sow the deceased o	ive on JULY 16	19 🕰 , and that in (my) (our) a	pinion deoth occurred on the	date and hour and from the
	ATTER staine CTOR: shaul ith th		couses stoted obove	(I) (we) (did) (did not) view the	body offer death		
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1	It	ems 18&22a Film 407 MARYLAND STATE DEPARTMENT OF HEALTH  10480 12 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	l ä	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	190
HEALTH DEPT.		ECEASED-NAME First Middle Last 20 DATE KNOWN X Month E	Day Yeor 2b bOUR
of of		Type or Print)  XXXXXXXX Marlyn Joyce Eger DEATH MATED 7-	
P 33.4	3 \$	EX 4. RACE 5 DATE OF BIRTH 6 AGE (In years I F UNDER YEAR IF LINDER 24 HRS 20 DATE PRONOUNCED DEAD	2d HOJR
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-p ⊆ 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		IB CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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<b>海 岩                                   </b>	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M.  19	,
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	ı	MARYLAND STATE DEPARTMENT OF HEALTH	
1		1518 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	*9i
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	Ĭ E E	YES NO CAUSES OF DEATH?	
	AL CE	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c HOW INJURY OCCURRED (Enter notice of injury in Port 1 or Port 2, the	am 18)
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1	1/	NAME (Type) John P. Haberlin 9501 GFARGIA AM	a Sii Spane
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1		Billitalin July 27, 1968 St. John's Cemetery Gorest Glen, Ma	
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	1	MARYLAND STATE DEPARTMENT OF HEALTH
A Comment		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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The loaten atten has be as the price	Ē	CAUCEC OF DEATUR
r The by alth	CERTIFICATION	YES NO RECIDENT WAS UNDERLYING [216 TIME OF INJURY 21c HOW INJURY OCCURRED [Enter nature of injury in Part 3 or Part 2, Item 18.3]
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by th fter to be de State	ı	of work of work of work of the deceased from Mary 27 1968 to seeking 11 1968 that (1) (we) lost
A A TT		220. I certify that (I) (this hospital) attended the deceased from May 27, 1968, to sow the deceased alive on 1968, and the main (my) (aur) apinian death accurred on the date and hour and from the
B Single H		couses stated above, (1) (We) (did) (did not) view the body after death.
With the state of		22b SIGNATURE ATTENDING MED. STAFF 22c DATE SIGNED
DIRECTOR 3 Page		Mulyo 6. Jones M. Moegree Phys. DIRECTOR PHYS 12/68
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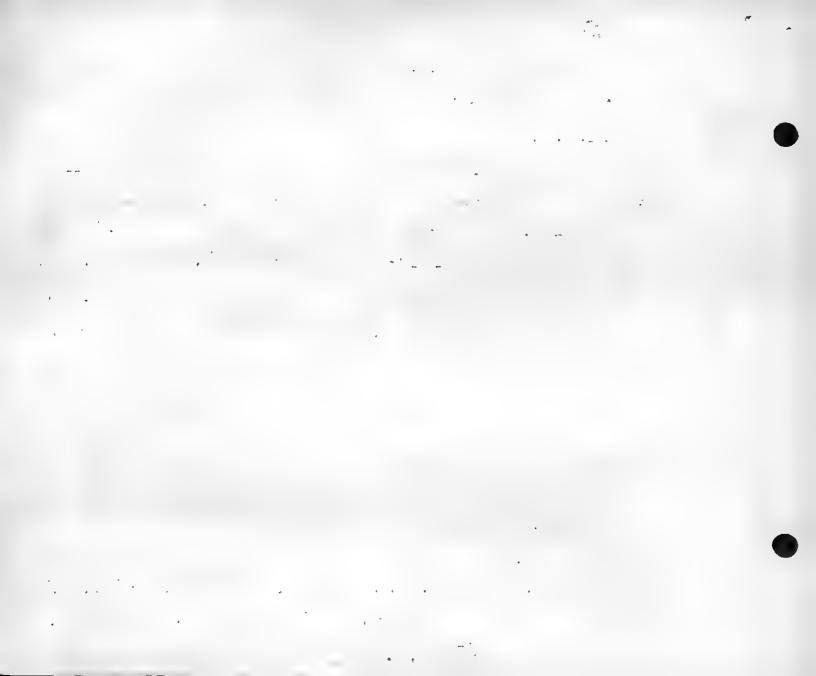
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E11120			DIVISION OF VITAL RECORDS,		IIMUKE, MAKTLAND 21201	1111
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phy phy nen nava	H			599 Mrs. Peggy Ev	ing Land, Daught	APPROX MATE INTERVAL
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OR ATTENDING be retained by the IRECTOR: After e 3 should be d ed with the State		22b. SIGNATURE	12 (B)	731 PDEGREE PHYS	MED. STAFF 22c	DATE SIGNED
TAL OR may be RAL DIR. Page 3 be filed to		22d. PHYSICIAN'S	Lance	22e, ADDRESS	DIRECTOR L PHYS. L	-13-68
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10 HOSPIT Poge 4 m O FUNERA director, 1	230.	BURIAL, CREMATION, 23b. D		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
2 2 5 5			16-1968 Cedar	Hill Cemetery		ce Georges Co.
VR A15 (4) 30M REV. 1/68	24	FUNFRAL DIRECTOR Gayler	S.C. 2001BC . 51	30 Wisc. Ave DATE	JE 1 1968 REGION	Soller Judge Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost 20 DATE OF DEATH DECEASED-NAME First (Type or print) July Bruce Theodore 5:20 M Faatz IF UNDER 1 YEAR 4 RACE 5 DATE OF BIRTH 6 AGE (In years 3. SEX The law requires that the death certificate be executed within 24 hours after DAYS HOURS lost spithodoy) MONTHS White Male January 13, 1933 9. COUNTY OF DEATH 70 BIRTHPLACE (Stole or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED X I NEVER MARRIED washington, D. USA WIDOWED [7] DIVORCED Montgomery burial-tronsit permit. Then please remave carbon poper burial, cremation, or removal, and in any event, within 72 and completely filled remove carbon pope 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12o USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working i fe, even (tretired.) INDUSTRY The Clinical Center, NIH Bethesda 13c CITY OR TOWN 13d INSIDE CITY LINCIS? 13e STREET AND NUMBER 130 LSJAL RESIDENCE (Where deceased lived, if institution. Residence before 13b. COUNTY Montgomery odmission) STATE Mary Land YES 😿 Rockville 5709 Ridgeway Avenue IS MOTHER'S MAIDEN NAME First 4 FATHER'S NAME First Lost Harold T. Faatz Lorraine physician c 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT The Medical Record Address Yes, no, or unknown) The Clinical Center, Bethesda, Md. 20014 577-42-5435 18 CAUSE OF DEATH (Enter only one couse per me for (o), (b), ond (c))
PART 1. DEATH WAS CAUSED BY. Cerebra? Fi BETWEEN ONSET AND DEAT 24 hours Cerebral Edema IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Hodgkin's disease involving lungs, Conditions, if ony, which gave) kidneys, liver, pancreas, lymph nodes, bone marrov 5 years rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) for use os the b 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 190. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? Yes YES 📉 NO [ 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 21b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year director, page 3 should be detached f should be filed with the State Dept. of (If either, notify medical examiner) M.9 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D No. City or Town County Stote 21d. INJURY OCCURRED While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from May 19, 19, 68, to July 3, 19, 68, that (1) (we) lost saw the deceased alve on 19, 58, and that in (my) (our) opinion death occurred on the date and hour and from the 19 68 to July 3 O FUNERAL DIRECTOR: After couses stated obove () (we) (did) (aid ve) view the body after death. 22c. DATE SIGNED 225 SIGNATURE **ATTENDING** 4 July 1968 DEGREE PHYS 22e. ADDRESS The Clinical Center, National 22d. PHYS CIAN S NAME (Type) Ervin H. Epstein, Jr., M.D. Institutes of Health, Bethesda, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b DATE (County) (Stote) Cremation Prince George County, Md. 7/5/68 Cedar Hill 250 RECTO BY REGISTRAR 24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home-1331 Rockville Pike 256 REGISTRAR'S SIGNATURE Rockville Md.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10185 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH First 2b. HOUR deoth. Garia ofter death (Type or print) 11 A M Cecil: Grace 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years IE HANDER TARAB E LINDER 24 HRS lost birthdoy) MONTHS DAYS #OURS Female White 2/19/82 hours 75 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED Belleville Montgomery Kansas USA WIDOWED 3 DIVORCED [ 24 pop 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitor 12g USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR executed within give street address) during most of working life, even if retired.) ANDUSTRY, remove corbon Sil, Sprg completely Holy Cross 13a USUAL RES DENCE (Where deceased lived if institution, Residence before 13c. CITY OR TOWN 36 INSIDE CITY LACTS? 13e, STREET AND NUMBER 13b. COUNTY YES X NO Whittingham Dr. SSMd 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Lost and Louika Hicks Haskett The low requires that the death certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 629 Whittingham ADT SSMd. Yes, no. or unknown) [If yes give wor or dates of service] daughter Mrs. Chester Callander cremation, or remova: APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (t))
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Vascular Disease 1048au Canditians, it any, which gave) buriol-tronsit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or ottending physician. stating the underlying couse( buriol, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the prior to this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES [ NO IZ use Health 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 0 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year detoched f te Dept. of I (If either, natify medical examiner) P.M. with the State Dept. 21d INSURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY ) 21f LOCATION Street or R.F.D. No. City or Town Caunty State While Nat while at work 22a | certify that (1) (this hospital) attended the deceased from 10-, 182, to 144, 15, 1968, that (1) (me) last sow the deceased alive an 10-188, and that in (my) (my) applied to a find the date and hour and from the FUNERAL DIRECTOR: causes stated above, (1) (we) (did) (did not) view the body after death 22c, DATE SIGNED 22b SIGNATURE ATTENDING DIRECTOR 22d PHYSICIAN S 22e. ADDRESS NAME (Type) B. Patrick. Colesville Rd. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION 23b. DATE 23d LOCATION (City or Town) (State) 9t. Lincoln Crematory Prince Yeorge Co., 2Sb. REGISTRAR S SIGNATURE 30M REV 1/68





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		10125			BALTIMORE, MARYLAND 21201	10-9,
	<u></u>	10209		CERTIFICATE OF DEA		
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A P P P P P P P P P P P P P P P P P P P		sow the deceased o	July 4	19 <u>68,</u> and that in (763) (au	, 19 <u>68</u> , to July 4 , ur) apinion death occurred on the	date and hour and from the
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be 3 Sec. 3		1/3/1/6	SJ. KERKS	DEGREE PHYS	DIRECTOR PHYS.	July 1968
AL CONTRACTOR		22d PHYSICIAN'S		22e. ADDRESS		
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30M REV. 1/68	1:	L400 Chapin Str	reet, N. W., Washi	ngton, D. C.	[ - 2 1998 Kores	Cas Jungan



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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs byter death. Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should le filed with the State Dept. of Ealth priar to burial, crematian, or remaval, and in any event, within 72 hours after death.	230.	BURIAL, (REMATION, 23b D.		NAME OF CEMETER			. LOCATION (C ty ar Town)	(County)	(State)
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ING by t ffer be c State		22a. I certify that (I) (this hospital) attended the deceased from 1962, and that in (my) (our) apinian death accurred an t	, 1968, that (I) (we) last
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y be y be ge		22d PHYSICIANS 22e ADDRESS 22e ADDRESS	1/10
RAI De		NAME (Type) HOWARD E TICKTIN MD 9/6 19 5 XX	U. WASH DC
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurange 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. The shauld be filed with the State Dept. af Health priar to burial, cremation, or removel, and in any event, within 72 haurs.	230	BURIAL, CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town	(County) (Stote)
Pag Pag dire sha	200	PEMOVAI (Sperify)	
, , , , , ,	24.		Virginia IRAR'S SIGNATURE
VR A15 (4) 30M REV 1/68		N.W. Nash. D.C., 20016 Wisc. Ave. 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR 250 No. W. Nash. D.C., 20016	lionles Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle lost First 20 DATE OF DEATH ond 2 death. 2b HOUR Month 6 24 hours after death wnerol (Type or print) Venia Harri son Fralev 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF JHOER 24 HRS last birthdoy) MONTHS I HOURS Female Jan. 1. 1884 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED Md. USA WIDOWED DO DIVORCED Montgomery 10 CITY OR TOWN OF DEATH 12a. LSBAL OCC. PATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12b KIND OF BUSINESS OR give one of the Muncaster Mill Rd. during most of week no life, even if retired) Derwood Нопе buriol, cremotion, or removal, and in any event, 130 USUAL RESIDENCE (Where deceased fived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? requires that the death certificate be executed pdmission) STATE 13b. COUNTY NO J Md. YES 🗌 Derwood 610h Muncaster Mill Rd Montremove EOM, IS. MOTHER'S MAIDEN NAME First 14 FATHER S NAME Lost Middle First M.ddle Joseph Harrison Cornelia Warthen attending physician permit. Then pleose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) 220-44-2136 Same as APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per time for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY くくし IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit Conditions, if only, which gove: ase to immediate couse (a). DUE TO, OR AS A CONSEQUÊNCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 1 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO THE OR ATTENDING PHYSICIAN: 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, notify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No 21d INJURY OCCURRED City or Town County Stote White Not while of work 22a. I certify that (I) (this haspital) attended the deceased/from. 19 6 6 19 2 X, and that in (my) ( ) opinian death occurred an the date and have and from the saw the deceased alive Cop\_ be retained causes stated above, (1) (1) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS 22d. PHYSIC AN'S 22e. ADDRESS-NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b DATE 23d LOCATION (City or Town) (County) (Stote) MENDAN (Surcity) 7-9-68 Rockville Union 0 Rockville, Mont. Md Lay tonsville, Md. 250 REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Barber 1968 Occumber 4 30M REV. N 20760

MAKTLAND STATE DEPARTMENT OF HEALTH

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FOR STATE				ERTIFICATE OF DEATH		*17.7
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Give ng h th		USLAL RESIDENCE (Where deceased royd, if institut on, Resider	nce pergre 13c. CIT	ospital No	13e STREET AND NUMBER	
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hours Item 18 Office of 1 and 2 v		ATHER S NAME First Middle	Las†	IS MOTHER'S MAIDEN NAME FIRS		Last
and the second s	П	William M. Fr	anklin		Shirley	Franklim
E = 8 8 8		WAS DECEASED EVER IN U.S. ARMED FOR (ES?) es, no, or unknawn) (Il yes give war or dates of service) No	ECURITY NO	William M. FRE	INKLIN- 5894 ER	Steen Ave. N.E.
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b	), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" ir nief Medico nsit permin. event within		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Par I moria	ry Edem	3		
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				Broncitis Acute		
on lo		stating the underlying cause DUE TO, OR AS A CONSECUTION OF AS A CONSECUTION OF THE PROPERTY O	JUENCE OF			
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fo, for the last	CERTIFICAT	WAS PE	RFORMED?			YES NO 🗆
두 등 골 ~	MEDICAL CER	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH PM.	), Day Year	21c HOW INJURY OCCURRED (Enter na	ture of injury in Port 1 or Port 2,	Item 18)
at 3s at at	層	21d INJURY OCCURRED   21e PLACE OF INJURY (At home, form	n, street,	21f LOCATION Street or R.F.D. No.	City or Town	County State
XAN te fl ye 4 your age		WHILE NOT WHILE factory, affice building, etc.)				
<u>`</u>		22a. I certify that I took charge of the remains	described abay	e, held an Autopsy, Ir	rspection Inquiry	and in my opinio
ctor.		death resulted from Natural couses	Akcustent [],	Suicide, Homicide	, Undetermined monne	
please director retained.		ACTUAL ACTUAL	1/100	CHIEF MEDICAL EXAMI		
Pry. Peral Peran P		SIGNATURE / SIGNATURE	HEET	M.D ASSISTANT MEDICAL EX	1	TE SIGNED
O DEPUTY DICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health pr or to buriol, crem		EXAMINER'S NAME (Type) RELIGIONAL	FAD	M.D. ADDRESSING DAY	aya or county)	27,1468
5 = = = = = = = = = = = = = = = = = = =	230	BUR AL CREMATION, 23b DATE 23c.	NAME OF CEMETER		d LOCAT ON May or Town	(Caunty) (State)
_		BURIAL J-50-68 N.	Nonorto	tome) woods / lotigo	ery Hillside	. RG. Md.
	24	FUNERAL DIRECTOR 35	ADDRESS	STREET, N.W 250 RECD BY R		
VR A15ME (5) 10M REV 1/68	K	CORMON ON LONG TO THE RESERVE OF THE PROPERTY	Mashir		1 1968 Pchan	es juga



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1302 10192 CERTIFICATE OF DEATH Last 2a, DATE OF DEATH 1. DECEASED NAME First Middle 2b. HOUR funeral I and 2 er death. be executed within 24 haurs after death (Type or print) Month Burke Georgia Frantz 1968 IF UNDER 1 YEAR 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years F UNDER 24 HRS. last birthday) DAYS HOURS Aug. 18, 1878 V 89 9 COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Montgomery Maryland U.S.A. WIDOWED [33] DIVORCED [ pap 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 2h KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY remave carbon burial, crematian, ar remaval, and in any event, wit Gaithersburg dist Home completely 13c CITY OR TOWN 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13b. COUNTY 4026 Hayward Avenue Maryland Baltimore YES 😿 Middle 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Last Hoffman Sipes E. Daniel Marv please erDemonte 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, or unknown) (If yes give war or dates of service) Asbury Methodist Home, Gaithersburg, Md. 220-54-1646-T 18 CAUSE OF DEATH (Enter only one cause per line (or (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. requires that the death IMMEDIATE CAUSE (a) signed by the burial-transit p Canditians, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta b as the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO [ director, page 3 should be detached far use should be filed with the State Dept. of Health O FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME FARM, STREET FACTORY, 21f. LOCATION Street or R.F.D. No. State City or Town County OFFICE BUILDING FTC White Nat while at wark 22a I certify that (1) (this hospital) attended the deceased fram. and that in (my) (aur) opinion death/accurred on the date and hour and from the saw the deceased alive ancauses stated abave, (1) (we) (did) (did not) view the bady after death. 225 SIGNATUR 22c DATE SIGNED PHYS DIRECTOR PHYS 22e ADDRESS 22d. PHYSICIAN S ('edar NAME (Type) LOCATION (City or Town) BUR AL, CREMATION 23b. NAME OF CEMETERY OR CREMATORY (County) (State) DATE best. REMOVAL (Specify) 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1768



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR P 1. DECEASED-NAME Lost First Middle 2a. DATE OF DEATH signed by the ottending physicionana completely filled in by the funeral burial-transit permit. Then please canove carbon papers. Pages 1 and 2 burial, cremation, or removal, and nony event, within 72 hours after death. July (Type or print) Charles none) Friedman :20 M 6. AGE (In years 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS 24 hours ≡iter lost birthdoy) 52 Male 20 May 1916 White 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED TO NEVER MARRIED Pennsylvania DIVORCED [ USA WIDOWED [7] Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12g USJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street gddress)
The Clinical Center, NIH during most of working life, even if retired.) Bethesda 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c City OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Penn**sylva**nia 13b COUNTY NO 6044 North 11th Street YES 😿 Philadelphia 4 FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Middie Last requires that the death certificate be Louis Friedman Fannie Fexelblatt 16b. SOCIAL SECURITY NO. 17 INFORMANT The Medical Record Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no, or unknown) The Clinical Center, NIH, Bethesda, Maryland 161-10-8000 18. CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY Microsoftia 1 BETWEEN ONSET AND GEAT 3-4 years Myocardial Failure IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) Aortic and mitral valve disease vears rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Cystic medial necrosis vears PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART I(g) Chronic lung disease, hypertensive cardiovascular disease FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to 9/8/67 & 11/29/67 20g AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING ist condition for which operation was performed Aortic aneurysm, aortic CAUSES OF DEATH? Yes insufficiency, mitral insufficiency NO 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Tawn State County While Nat while at work 22a. I certify that (X) (this haspital) oftended the deceosed from 13 July , 1968 , to 21 July , 1968 , that (A) (we) lost saw the deceased alive on 21 July 1968 , and that in (W) (aur) opinion death occurred an the date and hour and from the causes stated obave, (1) (we) (did) (100000) view the body after deoth. 22b SIGNATURE 22c. DATE SIGNED 21 July 1968 DEGREE PHYS. 22d PHYSIC AN S MAME (Type) 22e. ADDRESS The Clinical Center, National Lynn M. Petersom, M.D. Institutes of Health, Bethesda, Maryland 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) 23o BUR AL, CREMATION, DELAWARE COUNTY, PA. 0 7-23-68 MT. SHARON 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So REC'D BY REGISTRAR VR A15 (4) Ochanles Ju BOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD 1968 30M REV 1/68



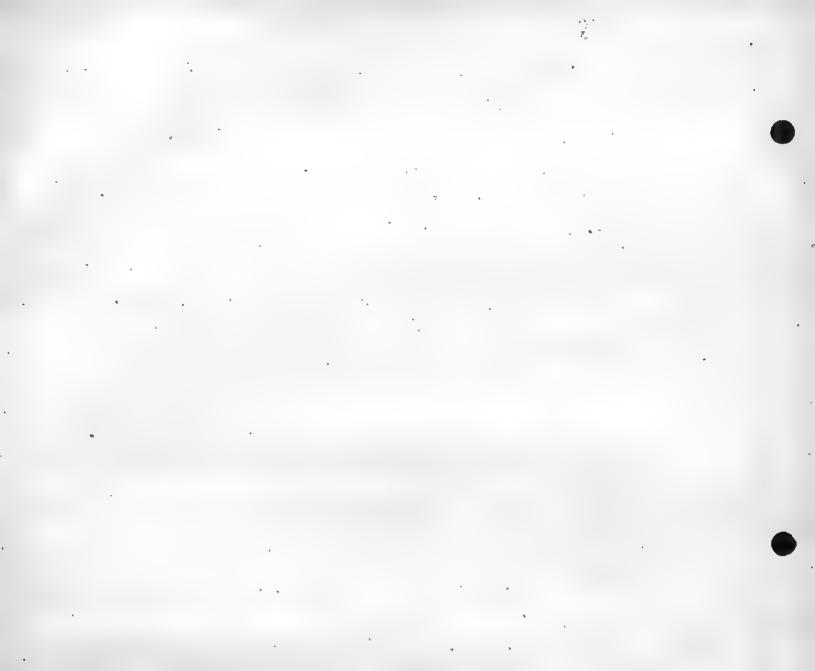
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 25. HOUR DECEASED NAME First Middle Lost 2a. DATE OF DEATH signed by the attending hystam and completely filled in by the funetaburial-transit permit. Then please remave carban papers. Pages I ariaburial, cremation, ar remaval, and in any event, within 72 haurs after death (Type or print) Yeor. executed within 24 haurs after dea 3 SEX 4. RACE S DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last birthday) MONTHS DAYS HOURS YRS 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED (auntry) Mont: mery WIDOWED IT DIVORCED 10 CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY during most at working life, even if retired ) 130 USUAL RESIDENCE Where deceased lived, if institution Residence before 3c CITY OR TOWN 13e STREET AND NUMBER 13d, INSIDE CITY LIMITS? WASH. D.C. 13b. COUNTY YES [ NO T VEABENA ST N.W. 14. FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME First Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT BRIDKLYN, NY Yes, no, or unknown) 1700 CONEY ISLAND AVE GARLICK 18 CAUSE OF DEATH (Enter only one couse per me for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) ARTER/OTCIENG rise ta immediate cause (a), Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-tran shauld be filed with the State Dept. af Health priar ta burial, crer DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT-NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [ 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 215 TIME OF INJURY OR CONTRIBLTING CAUSE OF CEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. Stote City or Town Caunty While Mot while of work 22a. I certify that (1) (this haspital) attended the deceased from 600 m \_\_\_\_, 19<u>63</u>, ta 1968, and that in (my) (aur) apinian death occurred an the date and haur and from the saw the deceased alive\_an\_ causes stated abave (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b SIGNATURE ATTENDING STAFF DEGREE DIRECTOR PHYS PHYS 22d. PHÝSICIÁN S 22e, ADDRESS NAME (Type) . MORTON SHÁPIRO 23d. LOCATION (City or Town) 230 BURIAL EREMATION 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) PRING FIELD GARDEN A MONTEFIORE 25b REG STRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) FUNERAL DATE JUL 2 2 ARLICK 30M REV 1/68 Homa

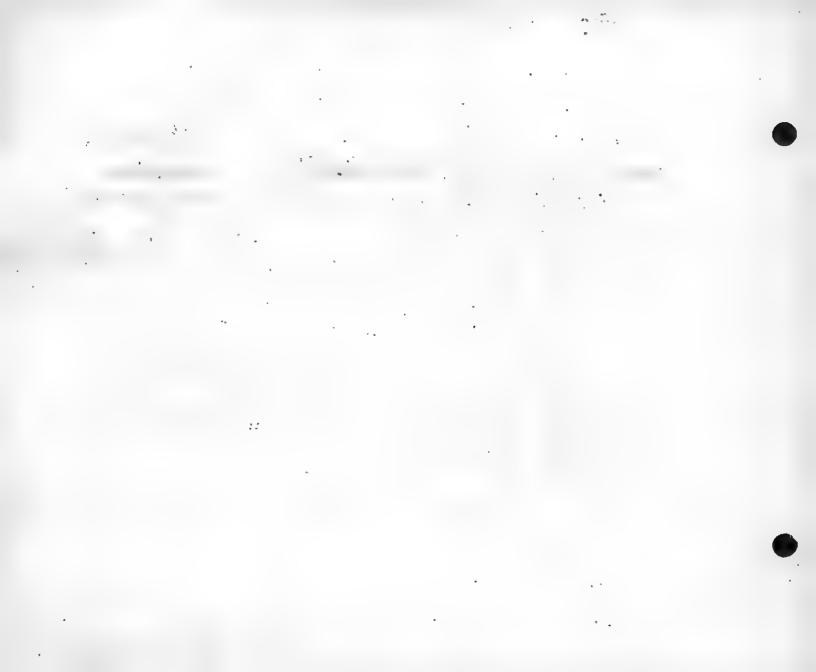
MARYLAND STATE DEPARTMENT OF HEALTH



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d by t Affer Affer J be c		22a <b>I certify</b> that (!) (the saw the deceased a	ive an 2	2 3 19/2	5. and that in (r	nv) (our) opinion	death accurred on the di	nte and hour and fram	the
and Service of the state of the		causes stated above	, (I) (we) (did) (did/f	at) view the bady	after death.				.,,,
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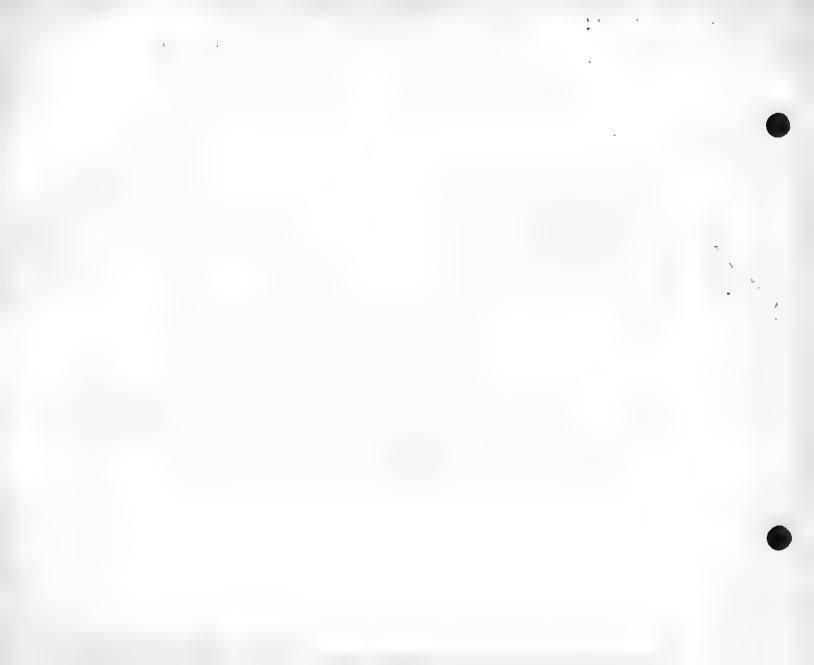
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10196 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR and 2 uneral (Type or print) transit permit. Then please remave carban papers. Pages 1 cremation, ar remaval, and in any event, within 72 haurs after 3. SEX IF UNDER TYEAR S DATE OF BIRTH 6 AGE (In years TE JINDER 24 HR lost birthday). MONTHS GAYS YRS 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED DO DIVORCED physician and campletely filled NAME OF HOSPITAL OR INST TUTION (If not in hospitals 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH requires that the death certificate be executed within (S) during most of working life, even if retired INDUSTRY attending physicion was carbon narmit. Then please remove carbon 130 USUAL RES DENCE (Where decedsed lived, if institution Residence before 13c CITY OR JOWN 13d MISTER CITY LIMITS? 13e STREET AND NUMBER \$136. COUNTY STATE IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME M.ddle 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAb. SOCIAL SECURITY NO 17 INFORMANT Yes, no. or unknown) ( fives give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per +poster (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: burial-transit permit. IMMEDIATE CAUSE (o) DUE TO, OR Conditions, if any, which gove rise to immediate couse (a), signed by 1 physician. DUE TO, OR stating the underlying cause detached for use as the burial-te Dept. af Health priar ta burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS-CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | 21o. ACCIDENT WAS UNDERLYING 216 TIME OF LINERS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Day Year (If either, natify-medical examiner) director, page 3 should be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY LAT HOME, FARM, STREET FACTORY, 21f LOCATION \_\_Street or R.F.D. No. City or Town State County OFFICE BUILDING FTC While Hot while 220. I certify that (i) (this haspital) attended the deceosed from... \_1965, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on\_ causes stated abave, (1) (we) (did) (did not) view the bady ofter death. 225 SIGNATURE 22c. DATE SIGNED STAFF DEGREE DIRECTOR 22e ADDRESS 22d. PHYSICIAN'S. NAME LAGO DATE 23g. BURIAL CREMATION. 23d. LOCATION (Gty or Town) (State) (County) REC'D BY REGISTRAR VR A15 (4) 1968 30M REV, 1/68



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<u></u> 5 4 5 <u></u> 2		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
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asp asp cert cert hed	MEC	21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORS.) 21f LOCATION Street or R.F.D. No. City or Town County Stote
PH his his Del		While Not while of work
NG / th er t er t ate		22a I certify that (I) (this hospital) attended the deceased from 6/4 , 188 , to 7/4 , 188 , that (I) (we) last
African Africa		any the decored give on 19/2 and that (n/my) (nur) opposed eath acturred on the date and hour and from the
inecension of the state of the		couses stated above, (I) (we) (did) (did-not) View the body after death.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10199 CERTIFICATE OF DEATH I. DECEASED-NAME Middle 20. DATE OF DEATH funeral i Nand 2 ter death. First O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death (Type or print) Month 🧑 3. SEX 4. RACE DATE OF BIRTH & UNCER 24 HRS IF LINGER 1 YEAR 6. AGE (In years last birthday) HOURS MONTHS OAYS YRS 40 TO BIRTHPLACE 7b. CITIZEN OF 9. COUNTY OF DEATH (State or fareign 8. MARRIED NEVER MARRIED country) DIVORCED [ WIDOWED [ Filled there remayal, and in any event, within 10 CITY, OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 24 KIND OF BUSINESS OR give street address) during most of working life even if retired) INDUSTRY carbon campletely 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR 13e. STREET AND NUMBER 13b. COUNTY 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First guq 160. WAS DECEASED EVER IN U.S. ARMED 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) NONE APPROXIMATE INVERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF b∎rial, crematia Canditians, if any, which gove rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE signed by stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached far use as the shauld ba file with the State Dept. of Health prior to has been CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19th DATE OF OPERATION CAUSES OF DEATH? YES 7 TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY ) 21f LOCATION Street at R.F.D. Na City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 7 - 2 - 9 be retained by 19\_6) and that in (my) (aur) apinion death accurred on the date and haur and fram the saw the deceased alive an\_ 7-36 causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATUR 22c DATE SIGNED ATTENDING PHYS. STAFF PHYS. DEGREE 0 DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, (County) Burial (Specify) 8/2/68 Olivet Cemetery Washington. WPRECONSIN Ave Josa, REC'D BY REG STRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1968 30M REV. 1/68 Bethesda, Marylandwie PUMPHREY.



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and	24	FUNERAL DIRECTOR	ADDRESS 3501 14	th St.NW. JU	BY REGISTRAR 2Sb REGISTRA	AR'S S GNATURE
VR A15ME [5]	B	Bernard Danzansky & Sons	1. Machine	LII St. NWAIE JU	L 2 5 1968 RC	world Judge



10202 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First Middle Lost 20. DATE KNOWNET Month Year 2b HOUR (Type or Print) ESTI-GLAZE 5 0 DEATH MATED Robert Eduard delay and 3 4F . HMDER 1 YEAR IF UNDER 24 HRS 3 SEX 4. RACE 2c DATE PRONOEINCED DEAD S DATE OF BIRTH 2d HOUR 11/20/20 tast birthday) Male White the State Depart 70 BiRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH olong with form country) Washington, D.C. USA WIDOWED DIVORCED [ 120 USUAL OCCUPATION (Kind of work doile 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospito 126 KIND OF BUSINESS OR give street oddress) Sheet metal (seven if retired.) Takoma Wash Hospital 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER deoth 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13b couldontgomery odmission) Monthly Land Silver Sp. YES NO Denley be executed within 24 hours ltem | ofter 14. FATHER S NAME First IS. MOTHER'S MAIDEN NAME First Middle Leroy S. Glaze Mildred Henderson 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** Yes no grunknown) Leroy S. Glaze - Item # 13 should be forwarded to the Chief Medical Ex .⊆ within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) event OR. AN A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (a), ony certificate should stoling the underlying couse ⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIFEASE OR CONDITION GIVEN IN PART HOL removal CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate. NO [ 10 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian the funeral director. death resulted from Natural causes Acudent Suicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** moy be re FUNERAL ( 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE .. DEPUTY MEDICAL EXAMI 5 n. TO FUN. Health **EXAMINER'S** NAME (Type) 230 BURIAL CREMATION 23b DATE NAME OF CEMETRY OR CREMATORY 23d LOCATION (Crevor Town) BUTTH (pacify) Rockyille, Maryland 7/27/68 Parklawh 2So. REC'D BY REGISTRAR 14 son Wheeler Funeral Home-1331 Rockville Pike 2Sb VR A15ME (5) Rockville, Maryland TOM REV 1/68



I		CERTIFICATE OF DEATH
death.		DECEASED-NAME (First Middle Lost 20. DATE OF DEATH Mogth Day Year 2 Mogth Day Year 2 M
24 hours after death.	3 \$	S DATE OF BIRTH  S DATE OF BIRTH  1 6 AGE (In years lost birthday)  1 NONTHS DAYS HOLES MAN  YRS.
hour hour		BIRTHPLACE (State or toreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED OF COUNTY OF DEATH WIDOWED DIVORCED MODERN MARRIED MODERN MA
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tuted with simple tely we carbar we event, w	13a. adm	USUA, RESIDENCE (Where deceased lived, if institution Residence before list CITY OR TOWN list. MISSIDE CITY LIMITS? 13e STREET AND NUMBER SILVER Spring NO 804 University Blvd. Apt. 5
and co	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost  Frances Jane Godwin
ificate t hysician n please ral, and	160	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawin)  (If yes give wor or dates of service)  16b SOCIAL SECURITY NO  17. INFORMANT  Address
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital ar attending physician.  DEUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fight director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban postauld be filled with the State Dept. at Health prior to burial, cremation, ar removal, and in any event, within		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c))  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  Conditions, if ony, which gove nose to immediate cause (a).  Stating the underlying couse  (c)  Prematurity  APROXIMATE NITERAL BETWEEN ONSET AND DEATH  APPROXIMATE NITERAL BETWEEN ONSET AND DEATH
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The law attending the second the	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO  20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ICIAN: pital ar ritificate ed far u af Hea	MEDICAL CE	Or CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M.
PHYS he hos this ce thetache beptche	2	While Not while at work at work
TENDING ined by t OR: After auld be of the Statt		22a. I certify that (I) (this haspital) attended the deceased fram, 19, ta, 19, that (I) (we) last saw the deceased alive an
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. afflealth priar ta burial, creative.		22b. SIGNATURE  Treness Joseph Degree Phys.   MED.   STAFF   22c. DATE SIGNED   7-7-68  22d. PHYSICAN S   22e. ADDRESS   22e. ADDRESS
TO HOSE Page 4 TO FUNE director	Ľ	BUR AK-REMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY PROVAL (Specify) 23d LOCATION (City of Town) (County) (Stole) REMOVAL (Specify) 7868 8680 000 000 000 000 000 000 000 000
VR A15 (A)	24	FUNERAL PURECTOR 250 REGISTRAR'S SIGNATURE 1 250 REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR deoth. deoth ond (Type at print) Month Yeor unerd 9:15am 0 S DATE OF BIRTH 3. SEX The law requires that the death certificate be executed within 24 hours after 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS last birthday) MONTHS DAYS HOURS rs aft YRS 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED THE NEVER MARRIED country) DIVORCED WIDOWED MONTa. physician and completely filled 12g USUAL OCCUPATION (Kind of work done 1). NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH INDUSTRY give street oddress) during most of working life, even if retired } attending physician was carbon nermit. Then please remove carbon as the burial-transit permit. Then please remove carbon prior to buriol, cremation, or removal, and in any event, with 13d, INSIDE CITY LIMITS? 13e STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13L CITY OR TOWN admission) STATE 13b. COUNTY IS MOTHER'S MAIDEN NAME FIRST 14 FATHER'S NAME First Middle Last Medalle HOFFER HIRSCH 82 Address POTOMA 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT GOLD - SON 1 FW15 Yes, no or anknown) (If yes give war or dates of service) 579-34-972 APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per tine, for/o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (6) signed by the burial-tronsit p Conditions, if any, which gave ) TASTA rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 40:st 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ENERALIZED DATERIO SCLEROSIS Page 4 moy be retained by the haspital or attending D FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ for use 3 should be detached for use with the State Dept. of Health 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R. F.D. No. 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Tawn State County While Nat while at work of wark 220. I certify that (I) (this haspital) attended the deceased from sow the deceosed olive on JULY 3 196 Y, and that in (my) (our) opinion death accurred on the date and hour and from the 3 should couses stated above, (1) (we) (did) (did-not) view the body after death. 22b. SIGNATURE 22c. DATE SIGN MED. DIRECTOR STAFF PHYS. **ATTENDING** DEGREE director, page Selpould be filled 22d MINSHELAN S 22e ADDRESS 230 NAME OF CEMETERY OR CREMATORY
George Washington Ceme
Agudath Achim Cemetery S Isd LOCATON (City or Town) (County) (Stote) 23a. BURIAL, CREMATION REMOVAL (Specify) 0 Carrollesa. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE Hebrew Memorial Funeral Home St., N.W.-Wash.D. CDATE 30M REV N68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
CERTIFICATE OF DEATH	• >
1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH	2þ. HOUR
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3. SEX. 4 RACE S DATE OF BIRTH, 6 AGE (In years IF UNDER LYEAR	F UNDER 24 HRS.
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70 BIRTHPLACE (Stote or foreign   76 CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   11 MAME OF HOSPITAL OR INSTITUTION (If not m hospital   120 USUAL OCCUPATION (Kind of Wirk done   126, Kind	Md.
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130 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before admission) STATE  13b COUNTY // U./  13c CITY OR TOWN  13d, INSIDE CITY LIMITS?  13e STREET AND NUMBER CESS COUNTY // U./  13h COUNTY // U./  14h COUNTY // U./  15h	WI ST.
The country of the co	Lost
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160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng/or  nkngwn)   (If yes give wor or dotes of service)   572 0.33 1/2 SP   500 0.00 0.00 0.00 0.00 0.00 0.00 0.0	2
14. FATHER'S NAME First Middle Last Is MOTHER'S MAIDEN NAME first Middle Last Unit No. 17 INFORMANT Address Press nayor locknown) (If yet gree war or dates of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Press nayor locknown) (If yet gree war or dates of service) 177-03-1/280 Smm Good Stein Security Middle Cause (a) Last Unit No. 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARCILLOM COLORS (b) Starting the underlying cause lost. (c) DUE TO, OR AS A CONSEQUENCE OF Lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	3
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Sa fad 3 at wark at work at work	. (4)
22a. I certify that (I) (this haspital) attended the deceased fram 1949 64, to 7-2, 1968, the saw the deceased alive an 1949, and that in (my) (our) opinion death occurred on the date and hou	IT (I) (NES) last
saw the deceased dive an interest of the deceased divergence of the dote one not course stated above, (i) (and (did) (did not) view the bady after death.	r und from the
E E E E E SIGNATURE 22c DATE SIGNED	
Terry of the Con Cup degree PHYS DIRECTOR DIRECT	68
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22d. PHYSICIAN'S 22e ADDRESS 22e ADDRESS	
22d. PHYSICIAN'S NAME (Type) LEWIS IT. BIBEN, M.D. 966 19Th The WAShing to	4 DC
22d. PHYSICIAN'S NAME (Type) LEWIS 1+, BIBEN, MD, GG 1974 TW WAShing to	
210. ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c HOW INJURY OCCURRED (Finter nature of injury in Part 1 or Part 2, Item 18)  21o. ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c HOW INJURY OCCURRED (Finter nature of injury in Part 1 or Part 2, Item 18)  21o. ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c HOW INJURY OCCURRED (Finter nature of injury in Part 1 or Part 2, Item 18)  21o. ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c HOW INJURY OCCURRED (Finter nature of injury in Part 1 or Part 2, Item 18)  21o. ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c HOW INJURY OCCURRED (Finter nature of injury in Part 1 or Part 2, Item 18)  21o. ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c HOW INJURY OCCURRED (Finter nature of injury in Part 1 or Part 2, Item 18)  21o. ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c HOW INJURY OCCURRED (Finter nature of injury in Part 1 or Part 2, Item 18)  21o. ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c HOW INJURY OCCURRED (Finter nature of injury in Part 1 or Part 2, Item 18)  21d INJURY OCCURRED   21c HOW INJURY OCCURRED (Finter nature of injury in Part 1 or Part 2, Item 18)  22d INJURY OCCURRED   21c HOW INJURY OCCURRED (Finter nature of injury in Part 1 or Part 2, Item 18)  22d INJURY OCCURRED   21c HOW INJURY OCCURRED (Finter Nature of Injury in Part 1 or Part 2, Item 18)  22d INJURY OCCURRED   21c HOW INJURY OCCURRED (Finter Nature of Injury in Part 1 or Part 2, Item 18)  22d INJURY OCCURRED   21c HOW INJURY OCCURRED (Finter Nature of Injury in Part 1 or Part 2, Item 18)  22d INJURY OCCURRED   21c HOW INJURY OCCURRED (Finter Nature of Injury in Part 1 or Part 2, Item 18)  22d INJURY OCCURRED   21c HOW INJURY OCCURRED (Finter Nature of Injury in Part 1 or Part 2, Item 18)  22d INJURY OCCURRED   21c HOW INJURY OCCURRED (Finter Nature of Injury in Part 1 or Part 2, Item 18)  22d INJURY OCCURRED   21c HOW INJURY OCCURRED (Finter Nature of Injury in Part 2, Item 18)  22d INJURY OCCURRED   21c HOW INJURY OCCURRED (Finter Nature of Injury in Part 2,	(Store)
The consequence of the control of the underlying cause   The dotter only one cause (a), stating the underlying cause   The Day of the United States   The Day of the Unit	



21	Items 21d-22a Film 40MARYLAND STATE DEPARTMENT OF HEALTH 9-10-68 amsDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED-NAME First Model Lost 20 DATE KNOWN Month Doy Year 20. HOUR
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Jos William	194 1 1 1949 843 PM
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after death  8. Give Pages along with far with the State leath	July thring (most of working life, even if retired) INDUSTRY Greenfull
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hours Item 18 Office I and 2 v	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
4 - N W	Morris yordman Winifred Withnion
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (11 yes give wor or do es of service)  YES  164 SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS  165 SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS  166 SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS  167 June Amount  Same as where 13
J with per Exam File	APPROXIMATE INTERVAL
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any	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
shauld be executer te ward "pending" ta the Chief Medical burial-transit perm <sup>†</sup> I in any event withi	last. Spell and Chess (Left)
This certificate shauld be executed cate, writing the ward "pending" in be farwarded to the Chief Medical E be used as a burial-transit perm't for remayal and in any event within	PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDIMON GIVEN IN PART I(0)
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TO DEPUTY necessary, p the funeral S may be re TO FUNERAL Health prin	EXAMINER'S NAME (Type) DAY TON O MATIC (NSADRESS(Street, city, town, or county) Bladenslewer 22
To The He	230 BUR AL (REMATON, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Store)
0	Buria July 11968 Baltimore National Baltimore Mc
VR A15ME (5)	24. FUNERAL DIRECTOR 250. REC'D BY REG STRAR 250. REGISTRAR'S SIGNATURE
10M REV. 1/68	F. Gaschs DON HV2 SUITE, VIO DATE, III 12 1968 OCLUM



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED NAME Middle Lost 2a. DATE OF DEATH First 2b HOUR requires that the death certificate be executed within 24 heurs after leath death. funera (Type or print) Month Mare Greer AR 4 RACE 3 SEX 5 DATE OF BIRTH IF UNDER I YEAR F JNDER 24 HRS. 6 AGE (In years lost birthday) 968 -emale 2 **COUNTY OF DEATH** 7g BIRTHPLACE (State or foreign MARRIED [ ] NEVER MARRIED [ ] DIVORCED [ WIDOWED | mont 9 campletely filled in any event, within D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a JSJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during mast of working life, even if retired.) INDUSTRY 13e STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 113c CTY OR TOWN 13d INSIDE CITY LIMITS? subcaton YEST 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First and Green Rnest 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar unknown) hirlaw APPROX MATE INTERVA burial, crematian, ar remd 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),
PART I DEATH WAS CAUSED BY. BETWEEN ONSET AND DEAT neonatal death IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial transit p Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to pneumonia 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSYS CAUSES OF DEATH? YES 🕩 NO I 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) be retained by the haspital OR CONTR BUTING [ CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INLURY OCCURRED State City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 22 19 🖎 and that in (my) (our) apınian death accurred an the date and haur and from the saw-the deceased alive on causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED. MED ATTENDING STAFF PHYS IL WEGREE PHYS DIRECTOR 22e ADDRESS 4301 22d. PHYSICIAN'S Straus, M.D. Donald Aspen Hill Rd. Rckvl. Md. NAME (Type) 23b DATE 23a BUR AL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Roulev' 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE vson Wheeler Funeral 30M REV

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 20. DATE OF DEATH First (Type or print) Month ROBERT GREEN 4 RACE S. DATE OF BIRTH 6. AGE (In years IF SINDER I YEAR 3 SEX Male DAYS aucasian YRS certificate be executed within 24 haurs campletely filled in by Then please remave carban papers. Palemaval, and in any event, within 72 haurs 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED country) DIVORCED WIDOWED 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) give street oddress) 13e STREET AND NUMBER Where deceased lived, if institution Residence before odmissian) STATE 13b COUNTY 14 FATHER'S NAME MOTHER'S MAIDEN NAME First Middle gug INFORMANT 160 WAS DECEASED EVER IN 1. S. ARMED FORCES? Yes, ng, or unknown) FLORENCE GREEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) death PART I. DEATH WAS CAUSED BY: director, page 3 should be detached for use as the burial-transit permit: should be filed with the State Dept. of Health prior to burial, cremation, or a IMMEDIATE CAUSE (o) 4WX DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) signed by the burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH BUT Page 4 may be retained by the hospital or attending 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [ NO [ TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) PM (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. OFFICE BUILDING ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County -Stote While Not while of work 220. I certify that (I) (this proporties) attended the deceased from the deceased from the deceased alive on the dote and hour and from the OR ATTENDING causes stated abave. (1) (www (did) (did 164) view the bady ofter death. 22c DATE SIGNED 22b SIGNATURE ATTENDING MED DIRECTOR DEGREE PHYS 22e ADDRESS 22d. PHYSICIAN S NAME (Type) 12600 MARKLAN 23d. LOCATION (City or Town 230 BURIAL, CREMATION, 23b DATE NAME OF CEMETERY OR CREMATORY (County) (Stote) VR A15 DATE





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME Middle CHENFELL 2a DATE KNOWN Manth Year (Type or Print) ESTI-DEATH MATED 6 AGE (In years F UNDER 24 HRS. 3 SEX 4. RACE S DATE OF BIRTH 2c DATE PRONOLINCED DEAD MONTHS DAYS 7a BiRTHPLACE (State or foreign 76 CILZEN OF WHAT COUNTRY MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED | DIVORCED O, CITY OR JOWN OF CEATH 11 NAME OF HOSPITAL OR INSTITUTION ( f not in hospital 120 USUAL OCCUPATION (Kipd of work done 130 USUAL RESIDENCE (Where degeosed lived if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13b COUNTY Bethesde YES 7 NO lond 2 4. FATHER 5 NAME 15 MOTHER'S MAIDEN, NAME LUELLA GARDNER haurs 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT be executed within (Yes, no, or unknown) (If yes give wor, or dates of sapet within 72 CAUSE OF DEATH (Enter only one couse per lage for (o), (b), and (c)) permit. PART I. DEATH WAS CAUSED BY som bosis Cerent IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Arterni. Sclerosis ... 4015 Canditions, if any, which gave rise ta immediate couse (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) o removol 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO F YES 🗌 5 21a. EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b TiME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No City or Town Caunty Stote factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection 🔼 Inquiry X moy be retoined for FUNERAL DIRECTOR: and in my opinian Natural causes 🔀 death resulted fram. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLITY MEDICAL EXAMINER **EXAMINER'S** 5 moy TO FUNE Hearth ADDRESS(Street, city, tawn, or county) NAME (Type) 230 BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 7-20-1968 Cedar Hill Cemetery Suitland. Prince Georges Co. 250 REC D BY REG STRAR 25b REGISTRAR S SIGNATURE Jose ph Gawler's Sons, Inc., 5130 Wisc. Ave. VR A15ME (5) N.W. Wash. D.C. 20016 10M REV 1768





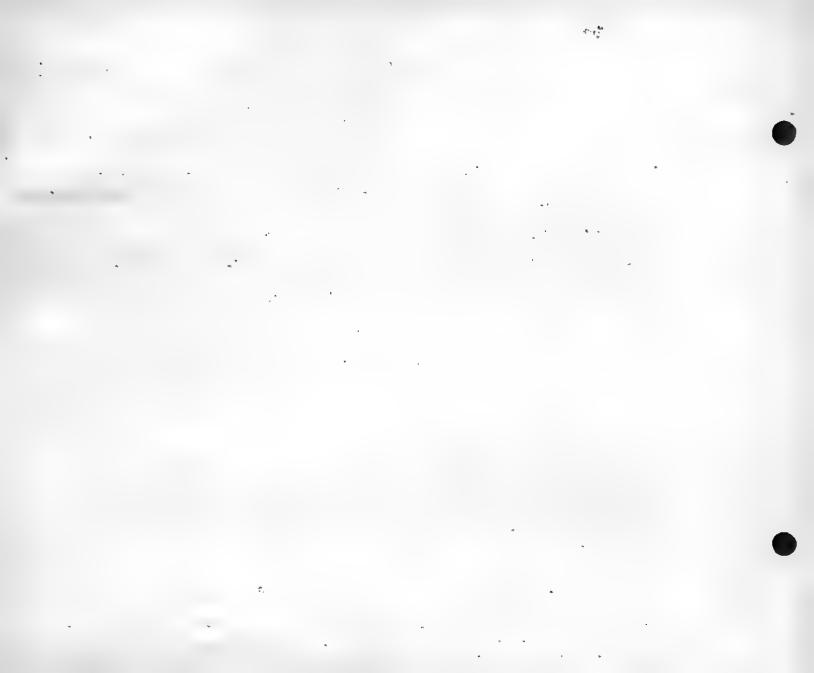
	1	MARTLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0222
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v thin 24 pencil in aminer e pages 2 hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  (It yes give word dates of service)	Ams As 13e.
This certificate should be executed within 24 hours after death ficate, writing the ward "pending" in pencil in Item 18. Give Page be farwarded to the Chief Medical Examiner's Office Stang with id be used as a burial-transit permit. File pages land 2. 4th the State remayal, and in any event within 72 hours after death		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) COFORD FY In Suffice neg	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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blease exe director. F etained fa DIRECTOR		death resulted fram: Natural causes 🔀, Accident 🗌, Suicide 🔝, Hamicide 🔝, Undetermined manner	
Ty please and direct be retaine the prior to be		ACTUAL SIGNATURE DATE CHIEF MEDICAL EXAMINER 226 DATE	
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TO DI TO FU	230	D BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
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		MARTLAND STATE DEPARTMENT OF HEALTH
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t de la transfer en transfer e	П	at work — at work —
by by Store	П	22a. I certify that (I) (this hospital) attended the deceased from 6 ctoke, 1967, to July 12, 1968, that (I) (we) last saw the deceased alive an July 11 1968, and that in (my) (our) apinian death accurred on the date and haur and from the
ENI Pld Pld		causes stated above, (I) (we) (did) (did-not)-view the bady after death.
TT To the state of	П	226 SIGNATURE 22c DATE SIGNED
OR ATTENDIN be retoined by JIRECTOR: Affee e 3 should be ed with the Stor	1	DEGREE PHYS DIRECTOR DIRECTOR 7-12-68
D o o o o o	Н	22d. PHYSICIAN'S 22e. ADDRESS
RAI May be be		NAME (Type) ROBERT B. IREY 11161 New Hampshire Ave, Silver Spring Me
OSF JNE ctor	22-	BIDIA CREMATION 23h DATE 23r NAME OF CEMETERY OR CREMATORY 23d, LOCAT ON (City or Town) (County) (State)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.  Page 4 may be retained by the hospital or otherding physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be tiled with the State Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.	230	BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) (State) BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Baltimore Baltimore Md.
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	Mr.	. MARYLAND STATE DEPARTMENT OF HEALTH	
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A Paris	1	sow the deceased plive on 1/165 1968 and that in Tmy) tour opinion death occurred on the date of	ond hour and from the
# FE	1	couses stoted above, (1) (we) (did) (did not) view the body after deoth.	
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AL AL O		22d PHYSICIAN'S 22e. ADDRESS	40/0
PIT, pmg "RA		NAME (Type) Dr. Leonard Fold 9801 Georgia Avenue	
Page 4 may be retained by the haspital ar attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formal for FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the formal directar, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death	230		County) (State)
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A	MARYLAND STATE DEPARTMENT OF HEALTH	
TOP CTATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
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hin 24 nr. lin nanges pages hours	a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown)   (Lyes gove water deleas of service)   16b SOCIAL SECURITY NO   17 INFORMANT WIFE   APPRESS   25 ITEM 13	5
within n pencl Examine Examine	Yes. WW II Unknown Lucille C. Harding	
P. F. T.	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	
d be executed d'pending' in Chief Medical E fransit permit. F	PART I DEATH WAS CAUSED BY CICLLE CORRACTY Showlader Theodology	1
exe and Me t pe	4/09 DUE TO, OR AS A FONSEQUENCE OF	
be "pe "pe hief ansif	rise to immediate cause (a), (b) Cardin Maskeular Wishard Gland	
vord word the Ch rial-tra	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
AS SEE IS E	lost (c)	
ate standing the sed to sed to and it	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
is certificate te, writing th forwarded t e used as a remaval and	4,	
is certifite, writing farware e used contact remayal	190. AUTOPSY?  WAS PERFORMED?  20. AUTOPSY?  YES TO ME	
-E - 0 - 0		
	210 EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) HOUR A.M	
MINER: T the certificate should by tiles. In files. In files. In files. In files.	CAUSE OF DEATH P.M. 19	
3 + s e	The state of the s	late
L EXAMINER recute the cert page 4 shaul or your files. R: Page 3 should, cremat an	AT WORK AT WORK TO AT	
	22a. I certify that I taak charge of the remains described above, held an Autopsy 💢 , Inspection 💢 , Inquiry 📜 , and in my ap	miar
lease extra destroy trained DIRECTOR r to built	death resulted fram: Natural causes 🟹 , Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🗍	
please ed rectained retained DIRECT	CHIEF MEDICAL EXAMINER	
	SIGNATURE	
Sary Sary Sary Sary Sary Sary Sary Sary	EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPU	
ro DEPUTY necessary, p the funeral   5 may be re ro FuneRAL   Health prid	NAME (Type) JOHN G. BALL ADDRESS(Street city, town, or county) Bethesda, Md.	
5 5 5 5 × 5 × ×	3a BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)	
	Burial 7-3-08 Farklawn Cemetery Rockville, Maryland	
Ar.	ADDRESS MONTH OF THE PROPERTY PORT OF THE PROPERTY OF THE PROP	
VR A15ME I	ROBERT A. PUMPHREY, Bethesda, Maryland DAJUL - 5 1968 Charles Surge.	



1	,	MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	.∂.32b
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	, 0 14 14 0
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20 DATE KNOWN Month OF ESTI- The pear Print ADD Hardy DEATH MATED 7-4	Doy Year 26 HOUR
delay and 3 t	3 SE	A RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1/4 AR IF UNDER 24 HRS 24 DATE PRONOUNCED DEAD Months Dars Hours Min Months Day)	Year C 2d HOUR
A Sant	70 5	FIRSTHPLACE (Stote or foreign   75 CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	1968 10pm
	coun	TARGIGAD 715A WIDOWED DIVORCED MONTGOMET	4 Md
death wir	10 (	Que street process), , , , , , , , , , , , , , , , , , ,	126 KIND OF BUSINESS OR INDUSTRY Regular d Elem.
hin 24 hours after death ntil in Item 18. Give Page niner's Office alang will pages 1 and 2 with the Sta hours after death	130	USLA. RESIDENCE (Where deceosed fived, f institut on Residence before 13c. CITY OR TOWN 13d MISIDE CTY LIM 15? 13e STREET AND NUMBER	School.
urs ice d ice d	14 F	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
24 hours in Item 1 r's Office as 1 and 2 rs after d		James Hardy Edna.	Williams.
This certificate shauld be executed within 24 cate, writing the ward "pending" in pencil in be forwarded to the Chief Medical Examiner's be used as a burial-transit permit. File pages ir remayal, and in any event within 72 hours	160. Y (Y	WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS  espend, of unknown) (if yes give war or dotes of service)	
executed with nding" in per Medical Exam permit. File por mit within 72 and within 72		18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c) )	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
ecuted vinding" in sedical Exermit. Fi		PART I. DEATH WAS (AUSED BY: IMMIDIATE (AUSE (0) Transection cervical spinal cord	Sudden
be execute "pending" nief Medical ansit permit.		(and t ans, if any, which gove )  DUE TO, OR AS A CONSEQUENCE OF  (and t ans, if any, which gove )  Fracture cervical vertebrae	Sudden
rufd b vard " ne Chii al-tran any e		rise to immediate couse (o). (b)	
shauld be e ne ward "per a the Chief I burial-transit		lost. Motorcycle accident	
erificate shauld l writing the ward rwarded ta the Ch sed as a burial-tra sed as a burial-tra		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rtifiu ritin vard vat,	NOI	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his certific ate, writin e forward be used as remaval.	CERTIFICATION	WAS PERFORMED?	YES TX NO [
年 2 2 1	CAL CERT	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite PRIMARY OR CONTRIBUTING 1 PM - 7/4 1968 Possenger - on Mc Torcyle Chidal a	m 18)
INER e cer shaul files. 3 sho atior	MEDICAL	21d INTERPRETATION Street or R. F. D. N. City or Town	County State
DEPUTY DICAL EXAMINER: scessary, please execute the cerrine function director. Page 4 shauld may be retained far your files. FUNERAL DIRECTOR: Page 3 should salth prior to buriol, cremation.		WHILE INDIT WHILE OF FOCIORY, office building; elc.) by Embry Crove-Rel Gaithers building.	Manifemery
ICAL E executor. Poped far CTOR: burriol,		22a   certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry	ond in my apinian
DICAL blease exer director. P etained fa DIRECTOR		death resulted fram: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined manner [	
TY SIGNATE OF THE SIGNATURE OF THE SIGNA		ACTUAL CHIEF MEDICAL EXAMINER 22b DATE S  ACTUAL ACTUAL SAMINER 22b DATE S  ACTUAL ACTUAL SAMINER 22b DATE S	SIGNED
JTY, Iny, leral be be RAL pri		SIGNATURE TO	els 68
TO DEPUTY necessary, F the funeral 5 may be r TO FUNERAL Health price		EXAMINER'S NAME (Type)  ADDRESS(Street, city, lown, or county)	
5 = + 2 5 ± C	230	BURIA. CREMATION 236 DATE 236, NAME OF CEMETERY OR CREMATORY 23d LOCATION (C ty or Town)  REMOVAL (Specify) 7-8-68 Browns Chapel Dayton. Ho	(County) (State)
*	24	FOMERAL DURECTOR ADDRESS AND 250 REGISTRAR 250 REGISTRAR 5 S	CNATURE / MA
VR A15ME (5)	R	Abert L. Sporden Rockette JUL 10 1868 Actionles	Judge.
1009 REV. 1700		1000000	0-0-



		10815	DIVISION		BOT W. PRESTON STREET, I		RYLAND 21201	. 2	¢ .
. 2.	i D	CEASED NAME	First	Middle	Last	2a. DATE OF	DEATH		2b HOUR
deoth deoth		there as and	THUR	2.	HARNET		Month Day	- Ga	10 P
# 1	3. SI		4 RACE	W	5. DATE OF BIRTH	-1890	å AGE (In years lost birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
in 24 haurs	70 l	EIRTHPLACE (State or foreign	D u	.59.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED		DEATH TGOMER	Y	M
vithin 24 son paper within 72	1	ITY OR TOWN OF DEATH WHEATON	619 80	NAME OF HOSPITAL OR INST	ITUTION (If not in haspital 120	IN LISUAL OCCUPATION		12b KIND OF INDUSTRY	BUSINESS OR
and completely file and completely file femove carbon parts only event, with		USUAL RESIDENCE (Where dission) STATE D.	eceased lived, if inst	rtution: Residence before	13c CITY OR TOWN 13d. INSID	E CITY LIMITS? 13e ST	REET AND NUMBER	T. A	RTI
and co	14.	ATHER S NAME First	Middle	Lost HARN	15. MOTHER'S MAIDEN NA	AME First	Middle		lost
requires that the death certificate be executed within glaysicion.  signed by the attending physician and completely fills burial-transit permit. Then glease remove carbon poburial, cremation, or removal, and it any event, within		WAS DECEASED EVER IN U.S		16b. SOCIAL SECURITY N	D. 17. INFORMANT	HARVETT	Leveldort	Hawas	To ma
th cert	-	18. CAUSE OF DEATH (For PART 1. DEATH WAS C	AUSED BY:	r line for (a), (b) and (c).)	- 1:11 31	+ .	7	APPROXI. BETWEEN O	MATE NJERVAL INSET AND DEATH
of the deoth cer the attending p isit permit. The mation, or remd		4107 IM.	MEDIATE CAUSE (a) _ DUE TO, O	OR AS A CONSEQUENCE OF	ASCVO	neum		72	
ss that the dicion. d by the atti		rise to immed ate couse stating the underlying co	(a), (b)	OR AS A CONSEQUENCE OF	773 24 3		n a	10	<del>~~</del>
equires tho physician. signed by burial-tran burial, cren		PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTR	IBUTING TO DEATH BUT NO	T RELITED TO THE TERMINAL DISEAS	OR CONDITION GIVE	H BY PART I(a)		~~
t: The Tow re or of other or of the hos been use as the calth prior to	ATION	19a DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS PER	FORMED 20g AUTOPSY?		YES, WERE FINDINGS CO	NSIDERED IN C	ERTIFYING
AN: The fow all or attendi itote hos ber for use as the	CERTIFICATION	21a. ACCIDENT WAS UNDE	RLYING 216, TIME	E OF INJURY	YES 1	NO X	OF DEATH?	em 18.)	
SICIAN spital a spital a certificat ned for 1. of Hea	MEDICAL	or contributing cause of the either, notify medical ended and the contribution of the	xaminer) P.	M. 19			or Town	County	State
ING PHYSIC by the hospil fter this certi be detached state Dept. o		at wark at wark			ORY.) 21f. LOCATION Street or R.F.				
OR ATTENDING PHYSICIAL be retoined by the hospital DIRECTOR: After this certifica je 3 should be detached for		saw the decease causes stated a	) (this hospital) o ed alive an bave.(I) (We)(di	id) (did not) view the b	and that in (my) too	19 <b>.56</b> , ta r) opinion death (	occurred on the dat	e and hour	(I) (We) las and from th
OR ATTER De retoine HRECTOR: e 3 should		22b. SIGNATURE	777-1	more	DEGREE PHYS.	MED.	STAFF PHYS.   22c_D	ATE SIGNED	· · ·
PITAL of may the ERAL Dogs of the file		22d. PHYSICIAN'S NAME (Type)	LIOBB	MOON	22e. ADDRES	01 I	S+ W	WW	who do
Page 4 may be retained by the hospital or offending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be defached for use as the should be filed with the State Dept. of Health prior to	23a	BUR AL, CREMATION, REMOTAL (Specify)	23b DATE 7-31-6	8 23c NAME OF C	EMETERY OR CREMATORY	_	IN (Gity or Town)	(County)	(State)
VR A15 (4) 30M REV. 1/48	24.	FUNERAL DIRECTOR	when C	3072 ADDRESS	10 20 P.C 250. R	EC'D BY REGISTRAR	2Sb. REGISTRAR'S S	SIGNATURE	440

MARYLAND STATE DEPARTMENT OF HEALTH



· Y	T4	oma 122 a a Est	langerah De mer	MAKTLAND	STATE DEPARTM	ENT OF HEAL	HI.	1852	23
1	7	ems 13a,c,e Fi	ANAMORAGE ALLY				RE, MARYLAND 21201	700	
'\ /	世	29/49 11w		CE	RTIFICATE OF	DEATH		GIAU.	)
¥ -2#		ECEASED-NAME First		Middle	Last	2a	DATE OF DEATH	v	2b HOUR
₽\ <u>₽.5</u> /₽	,	<sup>(ype or print)</sup> <b>Virgin</b> i	a: Robe	erta	Harper		Month Do	Year year	16:42 W
5	3. 5	Х	4. RACE		5 DATE OF BI	RTH	6 AGE (In years		IF UNDER 24 HRS
5 A 4		Female	Whit	te	Feb.	5. 1879	lost birthday) 89 YRS.	MONTHS DAYS	HOURS MIN.
	7a		7b. CITIZEN OF WHAT CO	OUNTRY? 8	MARRIED NEVER MARI		UNTY OF DEATH		
ers.	cau	West. Va.	U.S.A.				lontgomery		Md
within 24 hours after death ely filled in sy the onerol bon papers. Pars Fond within 72 hadraster death	10	ITY OR TOWN OF DEATH		HOSPITAL OR INSTIT	UTION (If not in haspital	12m USUAL OCC	UPATION (Kind of work done	125 KIND OF B	USINESS OR
bon with	K	ensington Md	. Carr	oll Hal	1 San	House	warking life, even if retired)	MOOTHE	
	13a.	USUAL RESIDENCE (Where decease	d lived, if institution, R 13b. COUNTY	es dence before (1)	3c. CITY OR TOWN	13d. INSIDE CITY L M TS?	13e STREET AND NUMBER		
d compered to the compered to		west Virginia	ISB. COUNT		Morefield	YES NO	c/o Mrs. The	lma Harp	21
\$ 26 3	14.	FATHER'S NAME First	Middle	Last	15. MOTHER'S MA	AIDEN NAME First	Middle		Last
a a a		J.D. Chr	istian			Rebecca	a Rinick		
icote b sicion please	160	. WAS DECEASED EVER IN U.S. ARN		SOCIAL SECURITY NO.	17 INFORMANT		Address		
The law requires that the deoth certificate be executed of the standard physician, has been signed by the attending physician and consist as the burial-tronsit permit. Then please remains the prior to burial, cremation, or removal, and in any of the prior to burial, cremation, or removal,	L	(es, na, ar unknawn) (If yes give w	or dotals of service)		Hospit	al Reco	rd		
The The		18. CAUSE OF DEATH (Enter an	y ane cause per line for	(a), (b), and (c).)	1 0 5			APPROXIM BETWEEN ON	ATE INTERVAL ISET AND DEATH
he deoth ce s affending p permit. The		PART 1. DEATH WAS CAUSED	NO VO	neerlu	-	18/		3cm	cla-
t de erm		4123	DUE TO, OR AS A C			2 .			
the of a tro		Carditians, if any, which gave )		recordo	to Seat	Heren		yea	12/
hat n. yy tl ons	П	rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A C			h.,		0	145
es transfer		lost.	(c)	Polace	eleid a	clemile	rue?	yes	Rla
The law requires that to ottending physician. has been signed by the se as the burial-transit hypror to burial, crema		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING,	O DEATH BUT NOT	RELATED TO THE JERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART 1(a)	0	
ng Fer	_		le.	colral	mula	dons	fun		
s the	AT 10	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OF	PERATION WAS PERFO	DRMED 20a. AUTO	PSY?	206. IF YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
The law rottending has been se as the h prior to	CERTIFICATION				YES 🔲	NÒ Q	CAUSES OF DEATH?		
or or use		21 a. ACCIDENT WAS UNDERLYIN	G 216 TIME OF INSU	RY		URRED (Enter natu	re of injury in Part 1 or Part 2,	Item 18.)	
<b>A</b>	MEDICAL	or contributing Cause of DEAT	HOUR A.M. Mo	nth Day Year					
OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate ge 3 should be defacted for used with the State Dept. of Heal	ME	21d INJURY OCCURRED   21e.	PLACE OF INILIRY / AT HO	ME FARM STREET, FACTOR	(Y.) 21f LOCATION Stree	t or R.F.D. No.	City or Town	Caunty	State
this he had be		While Not while of work	V DEHO!	BUILDING, ETC	1		^		
NG Y th Per lie of d	П	22a. I certify that (I) (the	s hospital) attende	the deceosed	from Jacce 1	1968	to ruly 6 1	6. that	(I) (we) lost
A POS		22a. I certify that (I) (the saw the deceased a	ive an tel	2, 5 19	and that in (m	y) (our) opinian	death accurred on the d	ate and hour o	nd fram the
OS Bine		couses stated above	, (j.) (yve) {dıdı (dıdı	not) view the bo	dy atter death.			/	
With State of A A	L	22b. SIGNATURE	11.	eth a a	ATTENDIN	IG MED.	STAFF CO.	DATE SYGNED	18
be r be r DIRE		and and the same	Thurs	(July)	DEGREE PHYS.	DIRECTO	DR L PHYS. L	1/0/0	2
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		22d PHYSICIAN'S NAME (Type)	Thaver		22e. ADDI		were ficul fre	(Cen) inc	3 pre M
UNE 4	23n	BURIAL, CREMATION, 23b.		23c. NAME OF CE	METERY OR CREMATORY		. LOCATION (City or Town)	(Caunty)	(State)
Pag O H		REMOVAL (Specify)	7/8/68	Olivet			orefield.	())	W. Va.
		FUNERAL DIRECTOR		ADDRESS	501119		INTRAR OF DESPERA	S SI MATURE	248-
VR A15 (4) 30M REV 1/68	R	obert A. Pum	phrey 755	7 Wisc.	Ave. Beth	OWEL	1 1200		
	-	T CALL	711407 722	7 112001	1110100011	1134		- 4	-

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	1	MARYLAND STATE DEPARTMENT OF HEALTH	
And the second		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	123
FOR STATE		△ △ △ △ MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEAT.		DECEASED-NAME First Middle Lost Head. 20 DATE KNOWN Minute Company Month of Stripe or Print) Geofge A/BERY Head. DEATH MATED July	29 1969 105M
y delay is and 3 to PM3. Page	3 S	A RACE S DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD lost birthday) MONTHS DAYS HOURS MIN. Month Doy	Yeor 2d HOUR
Ph Ph	70.	BIRTHPLACE (Stote or foreign 75 C I ZEN OF WHAT COUNTRY? 8 MARRIED KINEYER MARR ED 9 COUNTY OF DEATH	M CAN POPI
oth any dela oges 1, 2, and ith farm PM3. I	cour	M.S.A. WIDOWED DIVORCED MONTGOMES	¶ Ma
de	10. 6	11 MAME OF HOSPITAL OR INSTITUT ON (if not in hospital during most of working life, even if retired) I give street oddiess) Ban. The figure street oddiess Toronto Dan.	NOUSTRY S. Post of 1.
s after 18. Give along		JS_AL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 3d Misine CITY Lim 13? 13e STREET AND NUMBER 190m ssion) STATE 76:1da 13b COUNTY 7amP2 YES NO 131/9 De Sem	54.9144
in Hem 11 r's Office ses trad2	14. F	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle UNKNOWN	Lost
d within 24 haurs at in pencil in Item 18. Examiner's Office ald File pages 1 ad 2.		WAS DECEASED EVER IN U.S. ARMED FORCES?  (It yes NO Tonknown)   15 ARMED FORCES?   16b SOCIAL SECURITY NO 202-26-3267   17 INFORMANT   18 ADDRESS   202-26-3267   18 ADDRESS	
iauld be executed within 24 ward "pending" in pencil in the Chief Medical Examiner's rial-transit permit. File pages		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMED ATE CAUSE (a) Acute Coronary thrombosis, left	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  1 hour
shauld be executed to ward "pending" in a the Chief Medical burial-transit permit.		Conditions, if ony, which gove itse to immediate couse (a), (b)  Advanced corenary arteriescleresis	years
		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ificate string the index to as a baland	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	CERTIFICAT O	196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?  YES ▼ NO □
INER: This certificate she certificate, writing the shauld be farwarded ta files.  3 shauld be used as a bu natian, ar removal and in	MEDICAL CES	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 10 FOOT 1 Or Port 2, Item CAUSE OF DEATH 19	n 18)
	ME	21d INJURY OCCURRED   21e PLACE OF INJURY (At home, form, street, at work   1 at work   1 at work   21f. LOCATION Street or R.F.D. No. (1y or Town foctory, office building, etc.)	County Stote
olcal EXA ase execute rector. Page ained far yau RECTOR: Page to burial, cre		22a   certify that   taak charge of the remains described obove, held on Autapsy   Inspection   Inquiry   X, death resulted from Notural causes   Accident   Suicide   Hamicide   Undetermined manner	and in my apinian
please e. I director. retained		ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF	CNED
O DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 45 may be retained far your O FUNERAL DIRECTOR: Page Health pr. or to burial, crem		SIGNATURE  EXAMINER'S NAME (Type)  SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, town, of county)	uly 18.
TO I		BUR AL (REMATION). 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (I	(ounty)Floffeda Ls FIOVO
VR A15ME (5)		FUNERAL DIRECTOR 250 RECD BY REGISTRAR 25b. REGISTRARS SIL	



MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
CERTIFICATE OF DEATH	T (1)
1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) TT Month Day	Yeor / / / h
Harry L. Heckman	CC 77 M
	UNDER TYEAK IF UNDER 24 HRS. ITHS DAYS HOURS MIN.
Male Caucasian 12-31-1888	
70. CITIZEN OF WHAT COUNTRY? Country) Penna.  75. CITIZEN OF WHAT COUNTRY? U.S.A.  8. MARRIED NEVER MARRIED DIVORCED PONTS OF DEATH MONTGORORY	Md
10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital  Silver Spring  12a USUAL OCCUPATION (Kind of work done of the spring of working the even if called in the spring of	26 KIND OF BUSINESS OR NOUSTRY GOV't.
130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odrawsian) SATE 13b COUNTY Silver Sp. YES NO 2600 Jenning R	load
14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	LOST
William A. Heckman Sarah Louise	
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, pq. or unknown) (If yes give was at dates of service) NO 189-10-6364 Mrs. Mary C. Heckman. Widow -	see #3.3
	APPROXIMATE INTERVAL
IB CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)-	BETWEEN DISET AND DEATH
IMMEDIATE CAUSE (a) Cace of Land Market	0 4/45
Conditions, if any, which gove)  DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove)  (b) Conditions of any, which gove)	10 50
rise to immediate cause (o) (b) DUE TO, OR AS A CONSEQUENCE OF	(0)
stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
3 4	
19d DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b IF YES, WERE FINDINGS CONSI YES NO 210 ACCIDENT WAS UNDERLYING 121b TIME OF INIURY 121c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Herm	IDERED IN CERTIFYING
YES NO CAUSES OF DEATH?	
□ DR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Day Yeor [If either, natify medical examiner] P.M. 19	18.)
21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D No. City or Town of work of work of work	ounty State
22g.   certify that (1) (this-haspital) attended the deceased from 1/3 19/4 5, to 19/4 5	, that (I) (we) lost
sow the deceased of the an	and havr and fram the
22b SIGNAJORE DEGREE ATTENDING MED DIRECTOR PHYS.	SIGNED /
22d. PHISICIAN'S NAME (Type) // F Kreuzburg 22e ADDRESS 16 - Lu LCOB	abe
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ADDRESS 250 REC D BY REGISTRAR 25b. REGISTRAR'S SIGI	NATURE Md.
Joseph Gawler's Sons. Inc., 5130 Wisc. Ave. DAULU - 5 1968 Actionla	a frede



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10231 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTHA DE DECEASED NAME Middle Lost 2a DATE KNOWN Month (Type or Print) ESTI-DEATH MATED FRANK delay and 3 1 A3 Poe IF LINDER 24 HRS S DATE OF BIRTH 2c. DATE PRONOUNCED DÉAD 2d HOUR 3 SEX White puo Male 29Year Oct. 28, MARRIED NEVER MARRIED 70 BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? Mew) York U.S.A. WIDOWED [ DIVORCED [ Montgomery Give Pages 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KINDOWETO OSINESSOOK 10. CITY OR TOWN OF DEATH duppgmast at warking ife, everylit ret rade s INDUSTRYATET q ve street oddress Wash 13d INSIDE CITY , MITS? 13e. STREET AND NUMBER 130 USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN Montgomery YES 🗍 NO -This certificate should be executed within 24 hours cate, writing the ward "pending" in pencil in Item 15 IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME Heiss Wassler Henry Anna Mix e certificate, writing the ward "pending" in pencil in shauld be farwarded to the Chief Medical Examiner's hours pages 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no or unknown) (If year a war or dates of service Mrs. Anna M. Heiss 1560 E.W. Hgwy. S.S. Md. 579-60-0578 APPROX MATE INTERVAL within 18. CAUSE OF DEATH (Enter any one couse per BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event 1 DUE TO, Q Conditions, if any, which gove r se ta immed'ate cause (a), in any DUE TO, OR AS A CONSEQUENCE stating the underlying couse and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O remaval CERTIFICATION nsed 20 AUTOPSY? 19o. DATE OF OPERATION WAS PERFORMED? YES 🔲 the certificate, þe 21a EXTERNAL CAUSE WAS 9 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, tem 18.) shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH P.M. 21d IN.JRY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE NOT WHILE OF AT WORK burial, 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinian Inspection, death resulted fram: Natural couses Undetermined manner Accident Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MED CAL EXAMINER funeral SIGNATURE 5 may ro FUNE Health **EXAMINER'S** • NAME (Type) 23g BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) BEWOAY (Decità) Aug. 1, 1968 Rook Creek Cemetery Washington D.C. 24 FUNERAL DIRECTOR 2Sq REC D BY REGISTRAR ADDRESS 25b REGISTRAR'S SIGNATURE 1968 VR A15ME (5) Pumphrey Inc. 8434 Ga., Ave., S.S. DATE AUG 2 10M REV 1/68



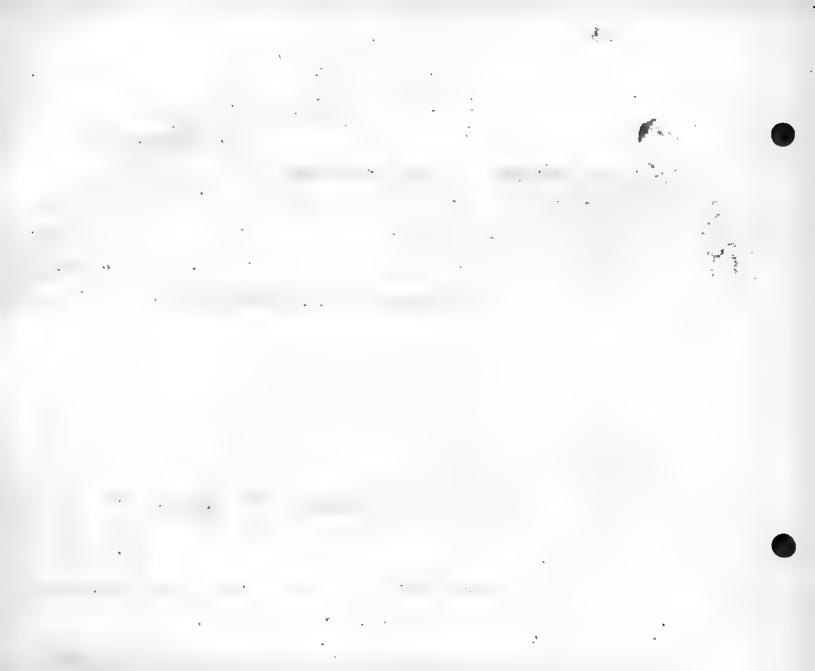
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VR A15ME (5) JOSE DR Gawler's Sons, Inc., 5130 Wisc. Ave. DATE JUL 26 1968 Clearles Judge.		Joseph Gawler's Sons, Inc., 5130 Wisc. Ave. 111 0 c 1969 Officula, Outer	-



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 2n. DATE OF DEATH DECEASED-NAME First attending \_hysicion and competerly filled in by the funeral permit Then please remove carbon papers. Pages 1 and 2 on, \_mremoval, o\_d in any event, within 72 hours after death. ANDREW HERBERT 21 Year 689: 30A (Type or point) Month R. 3 SEX 4. PACE S. DATE OF BIRTH 6 AGE (in years IF UNDER I YEAR TE JINDER 24 HRS lost birthday] Male Wh. 11/15/15 HOURS within 24 haurs 70 BIRTHPLACE (State or foreign 75 CIT ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED CNEVER MARRIED conflict) C U.S.A. Montgomery WIDOWED [ DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OF ON give street oddress)
HolyCrossHospital during most of working life, even if retired) IND\_STRY SilverSpring SuperMarket 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN executed 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First M.ddle Amy Mattingly Harold Herbert 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Address (If yes give war or dates at service) Yes, na, ar unknown) 'lilm\_ 577-10-6910 I. Herbert - wif 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) BETWEEN ORSET AND DEATH PART I. DEATH WAS CAUSED BY: CerebralVascularHemorrhage IMMEDIATE CAUSE (a) buriol, cremation, DUE TO, OR AS A CONSEQUENCE OF signed By the buriol-tramsnt p Canditians, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Pog■ 4 moy be retoined by tille hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) MOT KNOW 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO 🗀 YESKT O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) Stote Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Town State County While Nat while at wark 22a I certify that (I) (this hospital) attended the deceased from 1.7 July, 1968, to 1968, to 1968, that (I) (we) lost saw the deceased alive an 1968, and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the causes stoted obove, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. PHYS. 22e ADDRESS 22d. PHYSICIAN S Henry R. Wolfe, M.D. 1131 Univ. Blvd.W., Sil.Spr., Md. NAME (Type) 23g BURIAL, CREMAT ON 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE (Stote) (County) REMOVAL (Sperify) nl Arlington, Virginia 24 EUNERAL DIRECTOR VR A15 (4) 30M REV 1/68

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\$ P \$ 6	14	FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	LOSP
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detacthed for use as the burial-transhould be filed with the State Dept. of Health priar to burial, creating	220	BO. BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(Stole)
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Ex Fill		18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c))	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
cufe dica irmit		PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Coronary insufficiency	Nicho.
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the state of the distance of the individual	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
ficating rated as c	_	Myocardial infarction, old with aneurysm, left ventricle	
writh war war sed avail	AT O	19d. DATE OF OPERATION 19b. COND T ON FOR WHICH OPERATION	20 AUTOPSY?
This certificate icate, writing the be farwarded to do be used as a bar ar remayal, and	HE C	WAS PERFORMED?	YES 🛣 NO 🗌
<u> </u>	MEDICAL CERTIFICATION	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter notice of injury in Part 1 or Part 2, Item PRIMARY [1] OR CONTRIBUTING [1] HOUR A M.	n 18.)
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EXAMINER: cute the certificate the certificate the certificate of the	2	21d INJURY OCCURRED  21e. PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No City or Town foctory, office building, etc.)	County State
		AT WORK AT WORK	
Xecuxect For for for real,		22a. I certify that I took charge of the remains described above, held an Autopsy 🔼 Inspection 🔯 Inquiry 🔯	ond in my opinion
ase exector. Positive for intending for intending for intending for intending for intending for intending for burnal for		death resulted fram: Natural couses 🔀, Accident 🗋, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗍	
please e director retained.		ACTUAL OD 10 10 10 CHIEF MEDICAL EXAMINER C	
TY ple gral di sral di se retu tat Di priar		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 220 DATE SI	GNED
Ssar funday t		EXAMINER'S NAME (Type)  DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, ar county)	00
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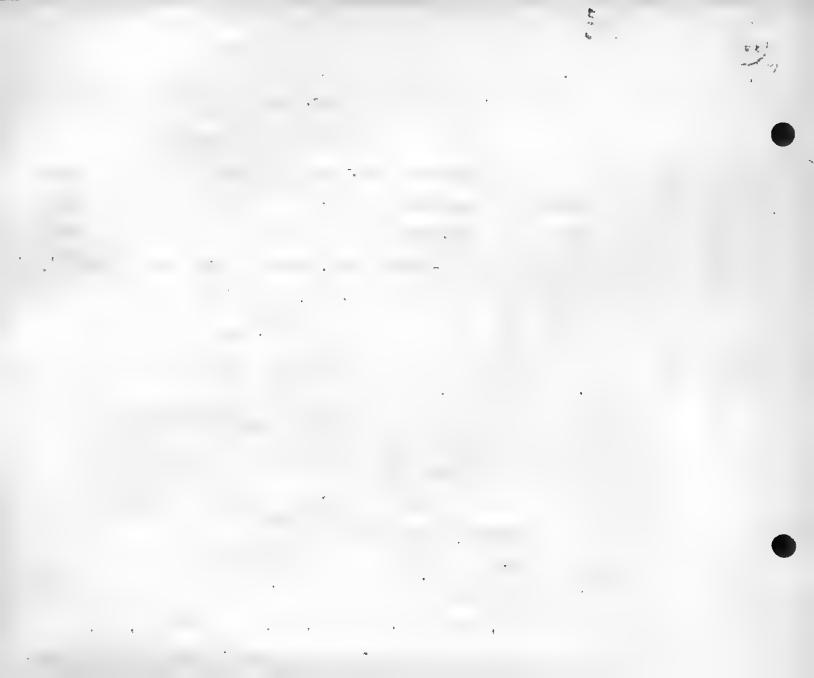
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ing ing rem		IB. CAUSE OF DEATH Letter only one couse per line for (o), (b), and (c)    PART 1 DEATH WAS CAUSED BY
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The standard of the lith g		1/20/68 CA of OUARY 154 NO
AN: ol a ficate for Hea		216 ACCIDENT WAS UNDERLYING   216 TIME OF INJURY   216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Doy Year
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PHY be ho his o his o Dep		21d INIJIRY OCCURRED  21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State at work
ING by th ter t tate date		220. I certify that (I) (this inspital) ottended the deceased from 1/20, 1961, to 7/22, 1965, that (I) (we) lost saw the deceased glive an 2/22 1968, and that in (my) (cor) opinion death accurred on the date and hour and from the
END ed to lid b		saw the dereased glive an
Short if it		226 DATE SIGNATURE 220 DATE SIGNED (
OR on red w		DEGREE PHYS. DIRECTOR
TAL nay t nay t pogg e file	_	22d PHSIC ANS NAME (1700) Rettan C March 22e ADDRESS 85/2 Old General & Batheso.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled directar, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban pages should be filed with the State Dept. af Health priar ta burial, cremation, ar remayal, and in any event, withing the process of the contraction of	23a	BURIAL CREMATION, 23b. DATE 23C NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town) (Coupty) (State)  REMOVAL STREET OF CEMETERY OF CREMATORY Suitland Pr. Geo Md
VR A15	24.	PUNCTED ADDRESS OF DESCRIPTION OF DE
30M REV 1/68		Robert A Pumphrey 7557 Wisconsin Ave DATE JUL 24 1968 (Clearles Judge)



	e .	MARYLAND STATE DEPARTMENT OF HEALTH
** ~ 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
(1/1)		CERTIFICATE OF DEATH
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death To FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in the fancial director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers to and shauld be filed with the State Dept. of Health prior to burial, cremating, and in any event, within 72 hours after deather.		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b SOCIAL SECURITY NOT 17 INFORMANT  (1 yes give any acquires of service)  17 INFORMANT  (1 yes give any acquires of service)  17 INFORMANT  (1 yes give any acquires of service)
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OR DIRE		I legaled de Mortion Mont, DEGREE PHYS. L. DIRECTOR L. PHYS. L. 10168
SPITAL 4 may VERAL I lor, pag Id be fil		22d. PAYSICIAN'S CALIFOOD Norton 22e. ADDRESS 77100 Dwight Drive, Betheada, Maryland
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30M REV )LIGE		W.W., Wash., D.C., 20016, DISC. Ave 250 RECD BY REGISTRAR 255 REGISTRAR'S SIGNATURE Md.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Lost 2g. DATE OF DEATH deoth. oud (Type or print) Yen executed within 24 hours after deor emove corbin papers. Pages 1 any event, within 72 hours after 3. 5EX 4. RACE 6. AGE (In years F JINDER 1 YEAR IF UNOER 24 HRS last birthday) HOURS White Dec. 30, 1894 Mele YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED TO NEVER MARRIED country) .⊑ Russia USA Montgomery **XIX** G3W00IW DIVORCED [ filled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Medical University Bursing Home during most of working life, even if retired.) cemove/corb≣n Wheaton and completely 130 USUAL RESIDENCE (Where deceased lived, if ristitution: Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY 1220 East West Hwv. YES TX NO [ Montgomery SSpring 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle The law requires that the death certificate be burial, cremotian, or removal, and in Ruben Holtzman Annie unknown) pleose physician ( 16b SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Mrs. Eleanor Elzufon, 9806 Inglemere Dr. Yes, no or unknown) (If yes give war or dates of service) 577-54-2195 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. 1965 signed by the burial-tronsit p Conditions, if ony, which gave ) rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been os the l 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 206. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 20n AUTOPSY? CAUSES OF DEATH? YES [ NO KOK of Health 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 215 TIME OF INJURY for OR CONTRIBLTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M detached director, page 3 should be detached should be filed with the State Dept. 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, )
OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21F LOCATION Street or R.F.D. No. City or Town Stote County While Nat while at wark 220. I certify that (I) (this haspital) ottended the deceased from-Spand that in (my (sus) opinion death accurred on the date and hour and from the saw the deceased alive oncouses stated above, (1) (wattdid) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE 22d. PHYSICIAN'S HERBER NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d, 10CATION (City or Town) 23b. DATE (County) (Stote) 23a. BURIAL, CREMATION Burial 1968 Beth Sholom Cong. Cem. Washington. 2Sq REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURI 24 FUNERAL DIRECTOR VR AT5 [4] Goldberg Funeral Home 1968 4217 9th Street N.W. DATE







MARYLAND STATE DEPARTMENT OF HEALTH



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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
ı					ERTIFICATE	* * * * * * * * * * * * * * * * * * * *		
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ĺ		FUNERAL DIRECTOR  OBERT A. PUI	MPHPEV	ADDRESS Bethesd		2So. REC'D BY		S SIGNATURE
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	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON SIREET, BALTIMORE, MARTLAND 21201	0.44
A A	_	CERTIFICATE OF DEATH	
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\$ \$ \$ \$	<u> </u>	Robert Luther Hurley July	19684110M
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PH he he here		While Not while at work OFHCE BUILDING, ETC.	
NG NG ter tate		22a. I certify that (I) (this haspital) attended the deceased from \$\frac{1}{2}  \text{1968}  \text{ta}  \text{1968}  \text{ta}  \text{1968}  \text{saw the deceased alive on}  \text{1968}  \text{and that in (my) (\text{cert}) opinion death occurred an the date	that (I) (weet last
ND Sed to the Sed to t	П	saw the deceased alive on 1962, and that in (my) ( <del>out)</del> apinian death occurred an the date	and havr and fram the
T S S S S S S S S S S S S S S S S S S S	П	causes stated above, (1) (we) (did) (did not) wew the bady after death.  22b Signature	ATE SIGNED
REC 3 s d will		ATENDING MED. STAFF DIRECTOR DIRECTOR PHYS. D	11/60
y be y be filed		22d. PHYSICIANS 2/ 000/ 1 000/ 1 1000/ 122e, ADDRESS 0 1000/	(1)
SPITAL OR ATTENDING PHYSICIAN: 4 may be retained by the haspital ar IERAL DIRECTOR: After this certificate ar, page 3 shauld be defacthed far uld be filed with the State Dept. at Heal		NAME (Type) THRRAY N. ("HKLIONMI) 88/1 Coloralload abov.	pr ma
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending but the attending but the standard by the tune of the page 3 shauld be detached far use as the burial-transit permit. Then please remaive carbon papers. Pages I should be filled with the State Dept. at Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after the standard be filled with the State Dept. at Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after the standard be the state Dept.	230.	BURIAL, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d -LOCATION (City or Town)	(County) (State)
Page O FUN direct	₽	Burley July 5,1968 Cedar Hell Cipuling Sulland	md.
VR A15 P	24	FUNERAL DIRECTOR ADDRESS / 250 REC'D BY REGISTRAR 25b, REGISTRAR'S SI	IGNATURE
30M REV, 1/68	X	Withen Waller 254 Carrall St Nov Sto JUL - 5 1968 John Serve	1 Judge



30M REV 1/68

MAKTLAND STATE DEPAKTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I and 2 death. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b HOUR be executed within 24 hours after death (Type or print) Manth Yeor Jennie lackson 3 SEX 4 RACE S. DATE OF BIRTH IF JINDER I YEAR IF JINDER 24 HRS AGE (In years lost birthday) Ray and campletely filled in by the lease remave carbon papers. Pages and in any event, within 72 hours off May 22. White 1882 Temale YRS 7o BIRTHPLACE (State or fore an 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED [7] NEVER MARRIED Country Tatamagouche Vova Scotia anada 10. CITY OR TOWN OF DEATH U. S. A. Montgomery WIDOWED 1 DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) Wheaton 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 13d INSIDE CITY LAMINS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY YES 🗾 NO. 4209 Julare Drive Wheaton 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Olive Thompson Nathaniel Porbes 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 4209 Milage Drive Wheaton. Md. 16b SOCIAL SECURITY NO 17 INFORMANT Yes no, or unknown) (If yes give war or dates of service) 1es023-22-0759 Jeanette Dinwoodie ar remayal. APPROXIMATE INTERVA. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) requires that the death permit. meet burial, crematian, DUE TO. OR AS A CONSEQUENCE OF of bloode signed by the burial-transit p Conditions, if ony, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES F NO ₹ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year PM. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town State County While Not while at work 22b. SIGNATUR 22c. DATE SIGNED 68 MED. DIRECTOR DEGREE 22d. PHYSICIAN S 22e ADDRESS NAME (Type) John Saia 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County): REMOVAL (Specify) July 26, 1968 Brookdale Cemetery Massachusetts Carter 8434 Medraia Ave. Inc. Silver Spring. Md. VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



_/_	Ttoms 21d-22a Film 405 MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	10237 CERTIFICATE OF DEATH
4 -2 4	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR 1 Manth Day Year 2 2b. HOUR
er death- funeral	(Type or print) Coordon E. JACOBS JULY Manth Day 1968 25AM
fur fer	3 SEX 4. RACE S DATE OF BIRTH S JAGE (In years IF LINDER 14 HRS LOST BIRTH BIRTH LOST BIRTH BIRT
a a a a	MALE White February 13, 1958 10 YRS WORLD WITS MUNICIPAL ON STORY
an and and	7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
d i d	Country) Ohio United States WIDOWED DIVORCED MONTGOMERY Md.
in 2 filled pop hin	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
within ban with	Silver Soring give street address) How Cross during most af working life, even if retired.) INDUSTRY
ed v plete carb	130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER
ICIAN: The law requires that the death certificate be executed within 24 haurs after death pital ar attending physician.  Thirdse has been signed by the attending physician and campletely filled in by the funeral far use as the burial-transit permit. Then please remave carban papers. Plages I and after the burial, crematian, ar remaval, and in any event, within 22 hoors after death.	admission) STATE M d. YIBD/COUNTY MONT. ROCKUILLE YES \ NO 4100 ELIZ ABETH ST.
ond camp remave in any eve	14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle East
be or lin	WARREN L. JACOBS AUBRIANNE MADDAD
ate ician leas and	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
ertificate be physician c nen please iaval, and is	NOC NONE WARKEN LI "OHCOBS SAME RS "13E
The Dig	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death cer attending p permit. The	PART I DEATH WAS CAUSE BY. IMMEDIATE CAUSE (a) Roon Charmermonic belower Less than
e de atte	DUE TO, OR AS A CONSEQUENCE OF V 15
the the sit parties	(Canditions, if any, which gave) (b) 3 Churches 50 / Severy surface 24
that in. by rans	stating the underlying cause DUE TO, OR-AS A CONSEQUENCE OF.
equires that the physician. signed by the control-transit purial-transit purial, crematia	10st (1) atent duchu + ventreular siglar cefaci
phy phy sign buri	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a)
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AN: of ar cate care uar u	21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ap Part 2 liem 18.)
at a first	[ [ [ [ ither, natify medical examiner ] P.M. ( ) 19(6)
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ATTENDING PHYSICIAN: stained by the haspital ar CTOR: After this certificate shauld be detached far ( ith the State Dept. af Heal	at work at work
be Stat	220   certify that (1) (this hospital) ottended the deceosed from
EN Ped Ped	saw the deceosed olive on
Sha	226 SIGNATURE 1
OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certific je 3 shauld be detached fa ed with the State Dept. af H	DEGREE PHYS. DIRECTOR DIRECTOR PHYS DIRECTOR PHYS DIRECTOR DIRECTO
AF Day F	22d. PHYSICIANIS — 22e. ADDRESS
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far u  Applied be filed with the State Dept. af Heal	NAME (Type) / HOMAS L KOURY ROCKVILLE MD.
HOS NO.	230 BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gity or Town) (County) (Stote)
<b>200号</b>	BOOKIND 7-8-68 GATE OF HEAVEN WHEATON MD
VR ALSY4	24 FUNERAL DIRECTOR 256 REG. STRAR S SIGNATURE
30M REV 6B	W.W. Chambers Co Selver Them Mot DANUL - 9 1968 Charles Inge



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1007.8 CERTIFICATE OF DEATH Lost 1. DECEASED NAME First M.ddle 20 DATE OF DEATH signed by Ne affending physician and completely filled fir by the funeral burial-transity ermit: Then please remove carbon papers... Pages 1 and 2 burial, cremation, ar removal, and in any event, within 72 hours after death. the-death certificate be executed within 24 haurs after death. (Type or print) RUSSEL JON JANSEN 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS lost birthdoy) HOURS MALE CAUCASIAN 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED County innesota U.S.A. WIDOWED -DIVORCED [ MONTGOLERY completely filled 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR ave street oddress) during prost of working life, even if retired.) INDUSTRY BETHESDA SUBURBAN HOSPITAL HYSICIAN SELF 34 INSIDE CITY LIMITS? 130 USUAL RES DENCE (Where deceased lived, if institution; Residence before 13e STREFT AND NUMBER odmission) STATE 13b. COUNTY 7066 WYNDALE ST. WASHINGTON 14. FATHER S NAME Middle IS. MOTHER'S MAJDEN NAME First JANSEN JOHN HENNING S AVINIA 160 WAS DECEASED EVER IN ILS ARMED FORCES? 16h SOCIAL SECURITY NO INFORMANT MOREN CHASE, MD Yes no orunknown) [If yes give war or dates of service] 2801 GREENVALE ST. CAUSE OF DEATH (Enter only one couse per sine for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gave a alade rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta 4201 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO TO YES [ 216. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy Yeor (If either, notify medical examiner) PM 21d INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 218 LOCATION Street of R.F.D. No. City or Town County Store While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this hospital) attended the deceased from 19 6 d., that (1) (we) lost saw the deceased alive on 1968, and that in (my) (our) opinion death accurred on the date and hour and from the couses stated above, (1) (we) (and not) view the body ofter death. 22h SIGNATURE DEGREE ATTENDING STAFF DIRECTOR PHYS PHYS PHYS CIAN S 22e. ADDRESS NAME (Type) J. LAWN THOMPSON, M.D. 1714 N. ST., N.W., WASHINGTON. D.C 230 BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 7-26-1968 Rock Creek Cemetery Washington. D.C. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) JOS. GAWLER'S SONS, 5130 Wis. Ave, NW, Wash, DC 1968 DATIJUL 26 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle 2o. DATE OF DEATH 2b HOUR be executed within 24 haurs after deoth. (Type or print) RUSCE 4 RACE 3. SEX AGE ( n years ost birthdoy) MONTHS DAYS remove corban papers. Pages in any event, within 72 hours aft MALE completely filled in by 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED | DIVORCED [ MONTGOMER WASHINGTON TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 128. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress? HUMBING SPRING 10202 PROCTOR 13o USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c, CITY OR TOWN 13e STREET AND NUMBER 14. FATHER'S NAME JENKINS requires that the deoth certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes no, or unknown) 577-10-723 LOUISE easoN 4012 ADAMS 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: director, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burial, cremation, or re-IMMEDIATE CAUSE (o) Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate hos been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES [ NO F 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of moury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21a PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work 220 I certify that (1) (this hospital) attended the deceased from 19 C, to 19 C, to 19 C, to 19 C, that (1) (we) lost sow the deceased alive on 19 C and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (I) (we) (did) (did not) view, the body after deoth. 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE DIRECTOR 22d PHYSICIAN'S 22e ADDRESS NAME (Type) WHALLAM 9006 COLESVIALE 230. BURIAL CREMATION 23b, DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2So. REC'D BY REG STRAR VR A15 [4] DATE AUG 2 30M REV. 1/48.



		RYLAND STATE DEPARTMENT OF HE CORDS, 301 W. PRESTON STREET, BALTIMO		
FOR STATE	C O O 2 O	AL EXAMINER'S CERTIFICATE OF		61 ()
HEALTH DEPT.	Type or Print)	Middie Lost		Day Year 2b HDV
dy is 3 to 3 to Page	warter	R. Jones	DEATH MATED July	14, 1968 3 PA
deloy	Mald Cau 5 DATE OF SIR 2/22		F JNDER 24 HRS. 2c DATE PRONOUNCED DEAD OURS MIN. DO!	Yeor 1968 3 6 N
	To BIRTHPLACE (State or foreign 7b CITIZEN OF WHA			
for for	Idaho U.S.	WIDOWED DIVORCE		W
after death 8. Give Pages along with for with the State leath.	Silver Spring	Holy Cross	12a. USUAL OCCUPATION (Kind of work done during most of working lifereven it fet red.)  Returned — His Jose	126 KIND OF BUSINESS OR NDUSTRY S t
s after 18. Giv along with death.	3a US.A. RESIDENCE (Where deceased lived, if institution	Inn. Pasidance hafaral 13c CITY OR TOWN 3d INS	IDE CITY LIM TS? 13e STREET AND NUMBER	
N - 0 - 0	Maryland	ontgomery Silver Springs		.a.,
	4 FATHER'S NAME First Middle	Lost IS. MOTHER S MAIDEN		Leu Signation
hin 24 nail in Miner's pages haurs	Jean Forces Paul  60. WAS DECEASED EVER IN U.S. ARMED FORCES?	Jones   17 INFORMANT	Hazel 13. E. Smal	Leysharicely
	60. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, at unknown) (If yes give workings a sounce) 20. Vears		Jones, daughter, same	address
	18 CAUSE OF DEATH (Enter only one couse per	e far (a), (b), and (c))		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
be executed pending in the Medical Europe Institute Inst	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cute Coronary Insuffici	ency	DECORES STOCK AND DEST
exectending for the second in perment when the second in t		AS A CONSEQUENCE OF		
d be d pe Chief ransii	rise to immediate (quise for f	pronary Artery Heart Di	.seate	
should be en word per a the Chief and the Chief burial-transit in any ever	stating the underlying cause DUE 10, OK	AS A CONSEQUENCE OF		,
	(c)	IG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS	SE OR CONTION CIVEN IN PART 1/41	. 1
	1 ^	O TO DESTRUCTION RELATED TO THE COMMINE DISER-	E OR COND HOR ONE HIT PART (4)	
is certificate to, writing the farwarded to the used as a remayal, and	190 DATE OF OPERATION  210 EXTERNAL CAUSE WAS 21b T ME OF	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?		20 AUTOPSY?
b e th		NURY Manth, Day, Year 21c HOW INJURY OCCURE	RED (Enter nature of injury in Port 1 or Port 2, Itel	
VER: Thi certificat hauld be iles. should be	PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (A		, , , , , , , , , , , , , , , , , , , ,	,
3 3 3 3 3 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	WHILE NOT WHILE Toctory, affice building	t hame, form, street, 21f LOCATION Street or R F	FD. Na. C ty ar Tawn	County State
		e remoins described obove, held an Autopsiv	Inspection , Inquiry	ond in my opinion
ICAL E. executor Page ed for CCOR: Purial,	death resulted from Natural cause		omicide Undetermined monner	ond in they opinion
directions bis please directions bis place of the bis pla	1.7.10		EDICAL EXAMINER	
TY, plery, plery per prior	SIGNATURE CECLU	M.D. ASS STAN	T MEDICAL EXAMINER 226 DATES	IGNED
necessary, please the funeral direction is may be retained to Funeral Direction for Funeral Directions in the offin prior to be seen	EXAMINER'S SELDEN		MED CAL EXAMINER (SINGLE OF COUNTY)	141968
10 To 1	23g BUR AL CREMATION. 23b DATE	230 NAME OF CEMETERY OF CREMATORY	23d LOCATION (City or Tawn)	(Caunty) (State)
	REMOVAL (Specify) Rurial July 18	1968 Arlington National	Cen Arlington Ving	inia
VR A15ME (5)	24 FUNERAL DREUDEU J. Lee	04)4 YEURGUA HUENWE	REC D BY REGISTRAR 25b. REGISTRAR S 5	IGNATURE
10M REV 1/68	Warner E. Pumphrey, Inc.	Silver Spring, Md. DN	UL 19 1968 Schools	0 1 0



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death after death uneral I and 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY Maryland COUNTY o. STATE Montgomery Mont.comerv MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 16 write RURAL and give negrest town) Bethesda. Bethesda. d NAME OF HOSPITAL OR INSTITUTION (14 nature hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? paper 24 physician and campletely filled Chesterbook, Road YES NO TO Chesterbrook law requires that the death certificate be executed within NAME OF carban First Middle Last 4 OATE Day Year DECEASED 68 July 19 (Type or print) CATHERINE **OEATH** AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Then please remove last birthday) Manths Haurs White DIVORCED Female WIDOWED Jan. 27 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. INDUSTRY Penna. none 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Henry Kenny. Catherine TS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service) Joseph P. Meinzer, same as 1B. CAUSE OF OEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY WAS CU LAR ACCIDENT CEREBRO-IMMEDIATE CAUSE (a) signed by burial-tran DUE TO Conditions, if ony, which gave ATHERESCLEROSIS DAYS rise to immediate cause (a). **DUE TO** stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the 19 WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) use YES 🔲 NO 132 ğ 20o ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) foctory, street, office bldg , etc.) Haur a.m. Nat While at wark , 19 68, to 13 July, 1968, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from 10 July shauld be retained 19 68, and that death accurred at 5:20PM, fram causes and an the date stated above saw the deceosed alive on 12-22b DATE SIGNED 22a SIGNATURE STAFF ATTENDING July 13,1968 M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S 19th Street, N.W. Wash.D.C. Chap, NAME (Type) Eu ene 23g BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Cathedgral Cemetery Beranton. 24. FMNERAL DIRECTOR ADDRESS REG STRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 WIS. Ave. N. W Washington



	. MARYLAND STATE DEPARTMENT OF HEALTH
15	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
, ,	CERTIFICATE OF DEATH
ŧ -2ŧ	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) Anoth Doy Year
r deoth	Priscilla (NMN) Kern July 17 1968 12:0
	3. SEX 4. RACE S. DATE OF BIRTH TO AGE (In years FUNDER LYEAR IF UNDER 24 HRS.
5 # B 5	Female White May 28.1888 lost birthday) MONTRS DAYS HOURS MIN SO YRS.
	70 BIRTHPIACE (State or foreign 7h CITIZEN OF WHAT COUNTRY? 8 MARRIED TO BEATH
4 ho	New York America WIDOWED DIVORCED Montgomery Md.
filled pape thin 77	110 CITY OR TOWN OF DEATH 111 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1120, USUAL OCCUPATION (Kind of work done 112b, KIND OF BUSINESS OR
within 24 the lely filled in bon papers, within 72 lets.	Takoma Park   give street oddress)   Mashington Sanitarium   during most of working life, even if retired.)   INDUSTRY   Housewife   GLUN Home
g 25 ti	130 USUAL RES DENCE (Where deceosed lived if institution Residence before   13c city or Town   13d. INSIDE CITY LIMITS?   13e STREET AND NUMBER
5 8 8	odmission) STATE 13b. COUNTY Rockville YES NO 717 Maples Avenue
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VR A15 (4) 30M REV. 1/68	24 FUNERAL DIRECTOR. LEE 34 3ADDRISEO AGIA Avenue 250. RECO BY REGISTRAR 250 REGISTRAR'S SIGNATURE Warner E. Pumphrey. Inc. Silver Spring Md DATE JUL 2 4 1968 RCharles Jugar.
JUM KEV, 1/68	Warner E. Pumphrey, Inc. Silver Spring Md. DATEJUL 2 4 1968 Scharley Judge.



The state of	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy	Yeor 2b HOUR
is to of	(Type or Print) TIMOTHY KERWIN DEATH MATED Queiy 29	1858 750 M
elay 3. Pa 3. Pa	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 1 F JNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNGED DEAD	2d HQUR
Eny delay is 2, and 3 ta PM3. Page spartment of	Male While 7/20/28 40 485 0) 9	Year 1967 2 5 M
Dep II. 2	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
80	COUNTRY)  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospita 120. USUAL OCCUPATION (Kind of work done 120.	KIND OF BUSINESS OR
ve Pages y with for		JSJRY_ J
S affer 18. Giv alang With the	13a LSLAL RESIDENCE (Where deceased lived, finishtut on Residence before 13c SITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	. 01
18. 18. 2 w 2 de q	odm ssion) STATE Md 136 (OUNTY Mont Betherdu YES X NO 1 56/2 Koosews	et St.
This certificate shauld be executed within 24 hours after death icate, writing the ward "pending" in pencil in Item 18. Give Pages 1, be farwarded to the Chief Med cal Examiner's Office along with form d be used as a burneliganity permit. File pages land 2 with the State or remayal, and in any event within 72 hours after death.	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	rost
hin 24 ncd in niner's pages haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1160. SOCIAL SECURITY NO 17. INFORMANT ADDRESS	d Lo
ithir imin imin pag	(Yes, na, or unknown) (If yes give war or dates of server) 227-30-9077 Throughout 130 Kor	7.187
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AL EXAMINER: This certificate should execute the certificate, writing the ward on. Page 4 should be farwarded to the Clary your files TOR: Page 3 should be used as a purither urial, cremation, or remayal, and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(o)	2 days
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olease ex durectar. etained DIRECTO	death resulted fram. Natural causes [], Accident [X], Suicide [], Hamicide [], Undetermined manner []	
please I d.rector retainer	ACTUAL SIGNATURE  ACTUAL SIGNATURE	FD
uty, nero r be ERA	SIGNATURE MD ASSISTANT MEDICAL EXAMINER 220. DATE SIGN  EXAMINER'S DEPUTY MEDICAL EXAMINER 220. DATE SIGN	0,1968
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VR A15ME (5) 10M REV 1768	Robert A. Pumphrey 7557 Wisconsin Ave. DATE AUG 5 1968 Clearly	
OF.	DELLESCH PHO	4-4



		-	MARY	AND STATE DEPARTMENT	OF HEALTH			
The second		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH						
		A	CERTIFICATE OF DEATH					
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any e	14.	ATHER'S NAME First	Middle Lo	ist IS. MOTHER'S MAIDEN N		lost		
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ng p		18. CAUSE OF DEATH (Enter or	nly ane cause per line far (a) (b), an	d (c))	•	APPROXIMATE INTERVAL BETWEEN ONSET AND CEATH		
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OR ATTENDING be retained by the IRECTOR: After the 3 should be died with the State		225 SIGNATURE	1/-7:		MED STAFF 22k	DATE SIGNED		
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		MARTLAND STATE DEPARTMENT OF HEALTH
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草口等		276 SIGNATURE 22c DATE SIGNED ( C
OR De re De re de weed w		TELISIA ( OLI I) CUI DERRE PHYS DIRECTOR DIRECTOR DIPECTOR DIPECTO
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D HOSP Page 4 r D FUNER director should	230		Bb. DATE	23c NAME	OF CEMETERY C	R CREMATORY	23d	LOCATION (City of Town)	(Caunty)	(State)
5 5 5 5 W			7-29-6					Darnestown,		and
VR A15 14 11		FUNERAL DIRECTOR OBERT A. PUI	MPHREY	, Bethesd	a. Mai	vland	2Sa. REC'D BY REG			100
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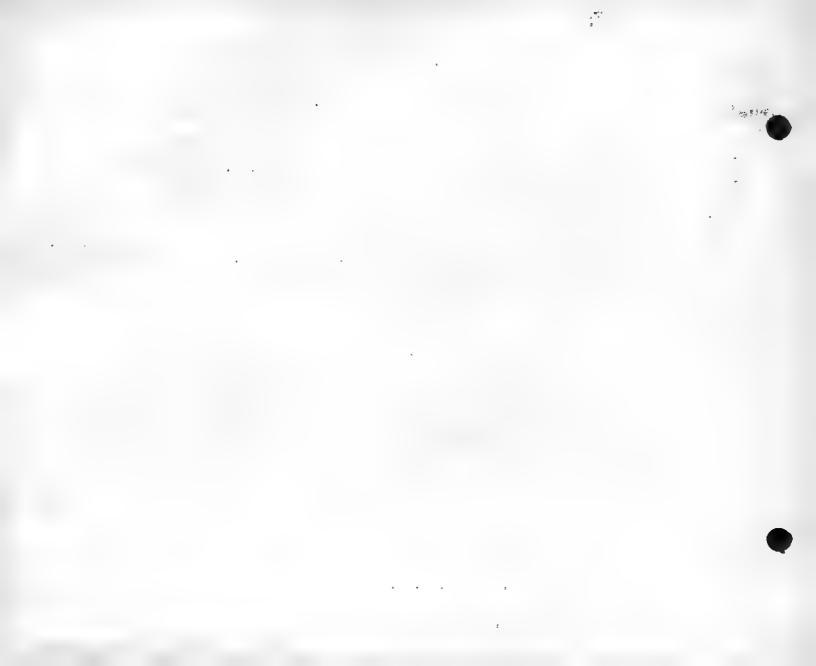


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost 2a. DATE OF DEATH 2b HOURDIN First DECEASED NAME requires that the death certificate be executed within 24 haurs after deoth (Type or print) Washburn Kneen, Jr. Stuart S DATE OF BIRTH IF JINDER 1 YEAR 4. RACE 6. AGE (In years 3 SEX lost-birthday) HOURS 21 February 1940 Male White 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED (country) completely filled in Montgomery Vermont USA WIDOWED D.VORCED [ burial, cremation, or removal, and in any event, within 72 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 JSUAL OCCUPATION (Kind of work dane 126 KIND OF BUSINESS OR INDUSTRY \_\_\_\_ give street coresshical Center during mast of working life, even if retired) Bethesda 13a, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13e, STREET AND NUMBER 13d. INSIDE CITY LIMITS? Rhode Island 13b. COUNTY North Smithfield 147 Greenville Road 14, FATHER'S NAME M.ddle 1S MOTHER'S MAIDEN NAME First Middle Last Kollanse Washburn Kneen, Sr. Bernice Stuart The Medical Records designed The Clinical 16b SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S ARMED FORCES? 17. INFORMANT Yes pa, ar unknown) 030-30-3951 Center, Bethesda, Maryland 20014 APPROXIMATE NTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).

PART I DEATH WAS CAUSED BY.

Intracerebral hemorrhage BETWEEN ONSET AND GEATH 12 hours signed by the ottend burial-tronsit permit IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Gram negative septicemia (Clinical) days Conditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2 years Acute Lymphocytic Leukemia PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) hos been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? Yes YES X NO [ TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21; HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 23f. LOCATION Street or R.F.D. No. Stote City or Town County While Nat while at work 22a. I certify that 🗱 (this haspital) attended the deceased from 10 May , 1968 , to 11 July , 1968 , that 🛍 (we) last 1968, and that in (aur) (aur) opinion death occurred on the date and hour and from the saw the deceased glive an 11 July causes stated above, \$1) (we) (did) (did and view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR 22e ADDRESS The Clinical Center, National PHYSIC:AN S NAME (Type) Richard J. Samaha, M. D. Institutes of Health, Bethesda, Md. 20014 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (Stote) 23a. BURIAL, CREMATION (County) CEME IERY WESTVIEW LEXING-LON 25o. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE WASHIDO VR A15 (4) DATE 1968 30M REV. 1/68 HOMF =

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infração 1	1	MARYLAND STATE DEPARTMENT OF HEALTH  OF A DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED NAME First Middle Lost 20 DATE KNOWN Month Day Year 2b. HOUS
E 5 8 7/2	1	Type or Print) WOFFEM stoole Koontz DEATH MATED & July 8 1968 57
deloy	3. \$	A. RACE S DATE OF BIRTH 6 AGE (In years if UNDER 1 YEAR FUNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d. HOURS MILE Months Day Year 1948 6 3 3 YRS
2, 2, P		BIRTHPLACE (Stote or foreign 75 CIT ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
To at	COUR	" (ignuland 195A. WIDOWED DIVORCED ) /P15/1/401116.4
the second		11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital during most of working life, even if getred.)  12. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital during most of working life, even if getred.)  12. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital during most of working life, even if getred.)  12. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital during most of working life, even if getred.)  12. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital during most of working life, even if getred.)  12. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital during most of working life, even if getred.)  12. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital during most of working life, even if getred.)
s after 18 Giv e alang 2 with t death		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN drisssian) STATE And 13b COUNTY Mont gamery Wheaton. YES ID NO 1536 High View Ave
hour Item Office I and	14. F	ATHERS NAME First Middle Lost IS. MOTHERS MAIDEN NAME First Middle Lost Vilbur Streaker
hin 24 nal in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 1. CADDRESS. 1
within n pencil Examine File pag	()	(es no or unknown) (Hyes give wor or doles of service) (Hyes give wor or doles of service) (HZZ=16=770H) Pirainia (1. Karntz heatam 11d)
vecuted nding" in Medical E permit F		B CAUSE OF DEATH (Enter only one cause per fine for (a), (b) and (c))  PART I. DEATH WAS CAUSED BY  HAMICIATE CAUSE (a) HEMOSIThoge Intro Cerebie / Biloto a Massive. Blue.  Onditions, if any which gave  The period of the perio
shaul e wal i the ourial-		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
ficate ing the ded to as a l		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
This certificate shaulicate, writing the warbe farwarded to the de be used as a burial-ar remayal and in an	CERTIFICATION	19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO
울지	MEDICAL CER	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M 19  210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Part   or Port 2, Item   B
the the 4 s 4 s Gur f ge 3	WE	21d INUJRY OCCURRED  WHITE MOT WHITE AT WORK A
CAL Executor. Page and far CTOR: Purnal,		22a I certify that I took charge of the remains described above, held on Autopsy (X), Inspection (X), Inquiry (X), and in my opinion death resulted from:  Notural courses (X), Accident (I), Suicide (I), Homicide (II), Undetermined manner (II)
TO DEPUTY DICAL EXAMENEES AND A PLANT OF THE FUNERAL DIRECTOR: Page 100 Fig. 100 FUNERAL DIRECTOR: Page 100 FUNERAL DIRECTOR: Pag		ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, town, ar county)  ADDRESS(Street, city, town, ar county)
<b>5</b>	12	B.R.A. (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) (County) (State) REMOVAL (Specify) Qu'y 10, 1968 Fantlawn Cometry Kocksille, Maryland
VR AT MESS	24/	ENERAL DIRECTOR as + en Collen Garles 24 34 GODRESSIA Ave. 250. RECID BY REGISTRAR 250. REGISTRAR 5 SIGNATURE



		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Marian (1/1)	L_	CERTIFICATE OF DEATH
# B B B		ECEASED NAME First Middle Lost 20 DATE OF DEATH 25 HOUR 1/20 Print) William 9 Lackland 1/20 DATE OF DEATH 25 HOUR 1/20 Print) 1/20 DATE OF DEATH 25 HOUR 1/20 Print) 27 1/268 7:001.00
une I o	3. SE	July 21 1408
24 haurs after death ad in by the funeral ppers. Pages I and 72 haurs after death	J. JL	Male White March 11 1884 84 YRS. MONTHS DAYS HOURS MIN
oy 1 Pa	70 E	BIRTHPLACE (Stote or foreign   7b CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9 COUNTY OF DEATH
4 ho l in ers. 72 h	cour	9 llinois U.S. A. WIDOWED DIVORCED Montagnery Md.
<u>e</u> ≝ 6.5	10. 0	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BLISMASS OR
4	Si	luer Spring 7809 Boston Avenue Retired Insurance Agency Employed
/ <b>**</b> ** **	13a admi	USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13c CITY OR TOWN 184 MSDB CITY LIN 187 13e STREET AND NUMBER
		Md. Montgomeny Silver Sp. X 12 7809 Koston Hvenue
ertificate be exec physician and a nen please rema naval, and in any	14. 1	Anna Marie Train Anna Control of the
ie bi	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 780000050000000000000000000000000000000
fical ysici al, a	Ϋ́	(es na prunknown) (type give wor or dottes of service) 579-01-9883 A Mrs. Hazel Lackland Silver Spring, I'd.
certi p ph nav		18 CAUSE OF DEATH (Enter only one couse per line fgc (o), (b), and (c).)  APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH
ne death cei attending i permit. The		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conet will 1/200 12 (0)
atter erm in, a		DUE TO, OR AS A CONSEQUENCE OF
the sit p		Conditions, if any, which gove) (b) arteriosceroscerosceroscerosceroscerosceroscer
that by 1 rem		Inse to immediate cause (o), Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
equires th physician signed by burial-tra burial, cre		last. (c)
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ding ding seen the ur ta	S	190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? L206 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING
The law ratending has been se as the h priar ta	CERTIFICATION	YES NO CAUSES OF DEATH?
ar of the head of		210 ACCIDENT WAS UNDERLYING   216 TIME OF INJURY   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
CIAN Figure 1	MEDICAL	Growtr Buting Cause of Death HOUR A.M. Manth Day Yeor (If either, natify medical examiner) P.M. 19
PHYSICIAN: The le hospital ar atte his certificate has stached far use a Dept. af Health pr	Æ	21d INBURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. City or Town County State
the this deta		at work at work
by lifter be be		220. I certify that (I) (thus hospital) attended the deceased from 1950, to 27 Living, 1961, that (I) (we) last
ATTENDING stained by the CTOR: After I should be dith the State	L	220. I certify that (I) (this hospital) attended the deceased from 1950, to 27 living, 1961, that (I) (we) last saw the deceased alive an 1961, and that in (my) (our) opinion death occurred on the date and haur and from the couses stated above, (I) (we) (aid) (did not) plew the bady ofter death.
OR ATTENI De retained DIRECTOR: A le 3 should ed with the	L	22c, DATE SIGNED
OR DIRE	L	DIRECTOR PHYS.   PHYS.   PHYS.   PHYS.   PHYS.
may May Mal Pag Pag Pag Pag		22d. PHYSICIAN'S NAME (Type) William D. And 9006 Colesville Rd. Silver Spring. Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us shauld be filed with the State Dept. af Healt	00	
Share Share	230.	DEMOVAL (Spacify)
	24.	FUNERAL-DIREGIOR LINIU 9/12/ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
30M REV COR		Janner E. Pumphrey. Inc. Silver Spring 11d. DATE AUG 2 1968 Charles Judge



1 1	I B	ems 18&22a Film		MATE DEPARTMENT OF HEALT W. PRESTON STREET, BALTIMORE,		'6 i
FOR STATE		. /	MEDICAL EXAM	INER'S CERTIFICATE OF D	EATH 19251	VI
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ny delay is 2, and 3 ta PM3. Page spartment		AHALA A	nna 🏻 🎜	La Fourcac		17 1968 6PM
2, and 3 PM3. Po	3 5	K 4 RACE	5 DATE OF BIRTH	Jest highland   Sething   Days   Society	R 24 HRS 2c. DATE PRONOUNCED DEAD  Mink Month 7 Day 7 7	2d HOUR
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Dep a. 2	7o coun	RTHPLACE (Stote or foreign 7b	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	l l	
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haurs after death ny ltem 18. Give Pages 1, 2, c Office along with farm PH and 2 with the State Depart		IVer Spring,			USUAL OCCLPATION (Kind of work done ng most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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s after 18. Gi	٥	mission) STATE	13b. COUNTY Montgor	mery Tak Park YES	NO □ 109 Elm Ave	
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		18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED I			A = 1 1 1 2	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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be exe "pendi nief Me ansit pe		Conditions, flony, which gove	DUE TO, OR AS A CONSEQUE	NG OF O peritoneal - lef	t overion adhesio	ne
d b Chie		rise ta îmmediate cause (a),	DUE TO, OR AS A CONSEQUE		C OVALLAN AGREETO.	II b
shauld be e ne word "per a the Chief burial-transit		stating the underlying couse lost	DOE 10, ON 10 X CONSESSOR	V.		
ate state at the sed ta sa bu and in		PART 2 OTHER SIGNIF CANT CONDITI	ONS CONTR BUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE OF	R COND T ON GIVEN IN PART 1(a)	
ing ing ded as c as c	,	( x			(4)	
is certificate shauld be execute te, writing the word "pending" farwarded ta the Chief Medical e used as a burial-transit permit remaval, and in any event with	AT ON	19a DATE OF OPERATION		FOR WHICH OPERAT ON		20 AUTOPSY?
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= = = =	I GER	21g EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	21b T ME OF INJURY Month, D HOUR A.M	ay, Year 21c HOW INJURY OCCURRED (	Enter nature of injury in Port 1 or Port 2, I	tem 18)
NER: T certifica hauld b lies. shauld stran, ar	MEDICAL	CAUSE OF DEATH	P.M	19		
CAL EXAMINER: execute the certifur. Page 4 shauld of far your files. CTOR: Page 3 shaul	*		ACE OF INJURY (At hame, farm, s ary, affice building, etc.)	21f LOCATION Street at R.F.D. N	to City or Town	Caunty State
CAL EXA execute or. Page of far yau TOR: Pag			r charac of the remains de	escribed abave, held an Autapsy	Inspection Inquiry	and in my apinian
CAI Far. CTO Four		death resulted from: X		exident . Suicide . Homic	A. T	
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rry, ple eral di be rett RAL Di		ACTUAL SIGNATURE	len / had	MD ASSISTANT MI	EDICAL EXAMINER 22b. DATE	SIGNED
o DEPUTY  Decessory, please execute the funeral director. Page 4  5 may be retained for your  O FUNERAL DIRECTOR: Page  Health prior to burial, cren		EXAMINER'S PACING	ENDI	DEPUTY MEDI	GOL EXAMINER OF COUNTY)	18/1962
the Sm	230		DATE 236 NA	ME OF CEMETERY OR CREMATORY	23d 10CAT ON (Saty or Town)	(County) (Stote)
F = -	-	1 = Cost ( July		Y WOOD CEMETERS	WASHTNETO	0 11.0
	24	LYERAY DIRICIOR	17		C D BY REG STRAR 2Sb REG STRAR'S	SIGNATURE
VR A15ME (5) 10M REV 1768	1	Willer Ha	ellars) 10	TERRECOIL PS- WILL	2 2 1968 gcharle	b Judge



To BIRTHPLACE [State we foreign to citizen of will to country?  To BIRTHPLACE [State we foreign to country?]  To CITY OR TOWN OF DEATH  TO CITY OR T	25. HOUR  25. HOUR  25. HOUR  FUNDER I YEAR IF UNDER 24 HRS.  OONTHIS DAYS HOURS M.N.
DEFFASED MAME First Middle Lost 2n DATE OF DEATH	2b. HOUS 2 5 MM F UNDER I YEAR IF UNDER 24 HRS.
1. DECEASED-NAME (Type or print)  S DATE OF BIRTH  TO S DATE OF BI	FUNDER I YEAR IF LINDER 24 HRS.
(Type or print)  S DATE OF BIRTH  A AGE (In years tost birthday)  YRS.  A AGE (In years tost birthday)  YRS.  TO BIRTHPLACE [State we foreign country)  A BIRTHPLACE [State we foreign to clitzen of will at country?  A MARRIED MEVER MIRRIED PROVED POWN OF DEATH  WIDOWED DIVORCED POWN OF DEATH  10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during-most of working a fee even if retired)	
3 SEX  4. RACE  5 DATE OF BIRTH  6 AGE (In years just birthday)  70 BIRTHPLACE (State we foreign country)  71 DITTEN OF WILLAT COUNTRY?  8. MARRIED MEVER MIRRIED  9 COUNTY OF DEATH  10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during-most of working te even if retired)	
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130 USUA. RES DENCE (Where deceased lived, if inst tution Residence before 13c CITY OR TOWN 13d INSIDE CTY ILM. IS? 13e STREET AND NUMBER 13b COUNTY SAME Bethered 14 YES NO 15427-Liu	ICOLH ST
The same first Middle Last I'S MOTHER'S MAIDEN NAME First Middle	Lost
TOANIEL FOWARDS HENRIETTA	Smith
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160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO 17 INFORMANT 544ddressLit 578-48-3240 Mr. George W. Laird, Beth	nesda, Md.
18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY MAMPOIATE CAUSE (a) CEREBRO VASCINGAN ASSINGLE MULTIPLE	ACTIVICAN CHISE AND DEATH
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rise to immediate cause (a)	11/1/3/
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The condition for which operation was performed to autopsyl test to No. No. No. No. No. No. No. No. No. No	TRIDERED IN CERTIFIING
YES NO NO CHOSES OF DECEMBER 1 ACCIDENT WAS UNDERLY NG 21b T MF OF INLIRY 21c HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 ar Part 2 Her	
The part of the pa	rn 18.)
OR CONTRESTING CAJSE OF DEATH  HOUR A.M. Menth Duy Yeor  19  21d INJURY OCCURRED  21d INJURY	
21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or RFD No City of Town While Indiwhuse	County State
at wark at work	
22a. I certify that (1) (this haspita.) attended the deceased from 1942, tay a// 1962 saw the deceased alive on Ja/V (1962), and that in (my) (1962) apinion death accurred on the date	that (I) (we) lost
at wark at work at wor	and hour and from the
E E E E 22b SIGNATURE 22c DAT	ATE SIGNED
B = B DEGREE PHYS DEGREE PHYS DIRECTOR	dy 11 1968
22d PHYSICIANS 22 ADDRESS 47, 40 Cheuy Char	de on-
NAME (Type) Stewart Clapp MD 220 ADDRESS 277 40 Chevy Chase	5 Md.
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230 BURIAL, (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d .OCATION (City or Town)	
DEPOS OF SELECTION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY! 206	
Causes stated above, (1) (22) (did) (dest) view the body after death.  22b SIGNATURE  22c DATE DEGREE ATTENDING PHYS DIRECTOR PH	ntg. Md.



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		causes stated abo	ive, (I) XXXXX(did) (X	สิติล์า view the b	adv after death.	(14854) Shinan	outil account a cir	no date and hav	and nomine
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be experiented by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and adjunction, page 3 should be detached for use as the buriol-transit permit. Then please remains should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any	230 9	URIAL, CREMATION, 23	b DATE	23c NAME OF C	EMETERY OR CREMATORY	1224	LOCATION (City or Tow	r) (County)	(Stote)
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30M REV. 1/68		ROBERT A.	PUMPHREY,	Bethes	da, Md.	DATE JUL I	० १३५४ %	Charles &	nder



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 4 a. COUNTY b. COUNTY completely filled wrby the 1 ve carbon papers. Pages 1 event, within 72 hours after MONTGOMER after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b BETHESD BETHESDA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS KINGSWOO YES NO death certificate be executed within 3. NAME DF DATE Month Day Year First Middle Last DECEASED NELLIE EGERE FAY 1968 8 DEATH (Type or print) 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE signed by the attending physician and corburial-transit permit. Then please remove burial, cremation, or removal, and in any events. 9. NEVER MARRIED last birthday) | Months | Hours Days 80 DIVORCED 12. CITIZEN OF WHAT COUNTRY?

AMERICA (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY CAFETERIA WORKER 13. FATHER'S NAME 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRILLATION or attending physician. DUE TO **\_\_\_**quires Conditions, If any, which (b) gave rise to immediate 유유 DUE TO (a), stating as th underlying cause last. CERTIFICATION THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PERFORMED? detached for use e Dept, of Health No [ YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) L DIRECTOR: After this page 3 should be detac filed with the State Dep MINDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING retained by at work at work p.m OR ATTENDIN be retained I 21. I certify that (I) (this hospital) attended the deceased from MA and that death occurred a M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22b. 224. SIGNATURE ATTENDING DIRECTOR M.D. FUNERAL PHYSICIAN'S NAME (Type) 22d. ADDRESS director, p should be 1 LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) Md Mont. 2 1968 Rockville Union Rockvill e July 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Wisc. Ave. Bethows VR A15 (4) 7557 Pumphrev 15M 4-64



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. L DECEASED NAME First Middle Lost 20. DATE KNOWN Year 2b HOUR (Type or Print) EST ny delay is 2, and 3 ta PM3, Poge 168 Morris DEATH MATED MARP Lewis 3 5FX 4 RACE S DATE OF BIRTH AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR 2/2/00 68 White Male YRS Q M 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED JNEVER MARRIED 9 COUNTY OF DEATH country) Russia USA WIDOWED DIVORCED [ Montgomerv 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress) dring most of work ng lite even fretired) nousiry atore Sil. Sarg Md. Holy Cross Haspital 13d INSIDE C'TY LIMITS? 130 USUAL RESIDENCE (Where deceased lived, if just but on Residence before 13c CITY OR TOWN 13e STREET AND NUMBER odm ssion) STATE 13b. COUNTY M nteomery YES\_ NO 11616 Lockwood be executed within 24 haurs tem 14. FATHER S NAME First 15 MOTHER'S MAIDEN NAME Last First. Middle Lost haurs Noah Lewis Sarah 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS pencil (Yes, no, or unknown) (it was give war or dates of service) wife Grace 11616 Lockwood Dr SSMa. File APPROXIMATE INTERVAL within CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and [4] permit PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AS A CONSEQUENCE OF DUE TO burial-transit Canditians, if any, which gave rise to immediate cause (a). writing the word This certificate shauld any storing the underlying couse .= PART 2 OTHER SIGNIF CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR COND TION GIVEN IN PART 1(a) used 19g, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [ 21g EXTERNA, CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of niury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At nome, form, street, 21f, LOCATION Street or R F D. No. City or Town County State foctory, office building, etc.) WHILE NOT WHILE AT WORK may be retained far y 220. I certify that I took charge of the remains described above held in Autopsy [ ond in my opinion death resulted from Notural causes Accident Sefcide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE EXAMINER'S 5 may 10 FUNE Health NAME (Type) 23a BURIAL, CREMATION 23b DATE (State) REMOVAL (Specity) MT. HEBRONCEMETERY FLUSHING BURIAL 24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10266 CERTIFICATE OF DEATH DECEASED NAME M. ddle Lost 2o. DATE OF DEATH 25 HOUR death. ond (Type or print) 30 erol ded NER 3. SEX IF JHDER 24 HRS 4. RACE DATE OF BIRTH 6 AGE (In years IF UNDER LYEAR after lost birthday) MONTHS HOURS YRS The law requires that the death certificate be executed within 24 hours 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT 9. COUNTY OF DEATH buriol, cremation, or remaval, and in any event, within 72 h (country) the attending physician and completely filled in sit permit. Then please remave corbon papers mont ser many WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR arve street address during most of working life, even if retired INDUSTRY N. Dustried Engineer 13c CITY OR TOWN 130 JSJAL RESIDENCE (Where deceased lived, if institution Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY YES [Y] 14. FATHER'S NAME Middle Fost-IS. MOTHER'S MAIDEN NAME First 16b SOCIAL SECURITY NO. GAddress FORIO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no, or, unknown) JULIA LILIENTHAL SPRING, MD APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if only, which gove ! rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF be retorned by the hospital or ottending physicion. stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept of Health priar to 4001 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19 (AT HOME FARM STREET, FACTORY.) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 19 1, ta 19 1, ta 19 1, that (I) (we) last saw the deceased olive on 1, 19 2, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave. (1) (we) (did) (did nat) view the bady ofter death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE PHYS. DIRECTOR PHYS. TO HOSPITAL Poge 4 may 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 230 BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOYAL (Specify) 12.1968 King David Memorial Virginia Falls Church. 24. FUNERAL DIRECTOR 2**S**o REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Donald M. VR A15 [4] 30M REV. 1/68 Hebrew Memorial Funeral Home, St. N.W. Wash



	10257	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BACERTIFICATE OF DEAT		
death. eral and 2 death.	1 DECEASED NAME First (Type or print) Sarah		Londeree	20. DATE OF DEATH Month 7 D	оч 17 <sup>Yeor</sup> 68 1:05 м
after a state of the state of t	3 SEX Female	4 RACE White	S. DATE OF BIRTH 8-31-92	6 AGE (in years lost birthdoy) 75 XX YRS	IF UNDER 1 YEAR 1F UNDER 24 HRS MONTHS DAYS HOURS MIN
4 haurs beits P	7o BIRTHPLACE (Stote or foreign country)  Virginia	76 CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH  Montgomery	Md
ecuted within 24 campletely filled pove carban paps y event, within 7	O. CITY OR TOWN OF DEATH Silver Spring	11 NAME OF HOSPITAL OR IN: give street address) Holy	Cross Hosp.	usual Occupation (Kind of work done g most of working life, even if retired) Housewife	12b KIND OF BUSINESS OR INDUSTRY
camplet ove carry y event,	130. JSJAL RESIDENCE (Where deced	sed lived, if institution. Residence before d 13b COUNTY Montgomery	13c, CTY OR TOWN 13d, INSIDE C		ont St.
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OR All be reto DIRECTOR SI SHE	22b. SIGNATURE	Ufuzman	ADDGREE DATTENDING DAYS	MED STAFF 220	7-17-68
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VR A15 (4) 30M REV, 1/6B	141	rey Inc. 8434 Ga/	Ave. S.S., Md. DATE	UL 2 3 1968 Jeli	anles Judgi.

MAKTLAND STATE DEPARTMENT OF HEALTH



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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		Item23a, Film3403 7/31/68 km CERTIFICATE OF DEATH
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te de	(1	ype or print) Makel Louise Lucas July 16 1968 75 PM
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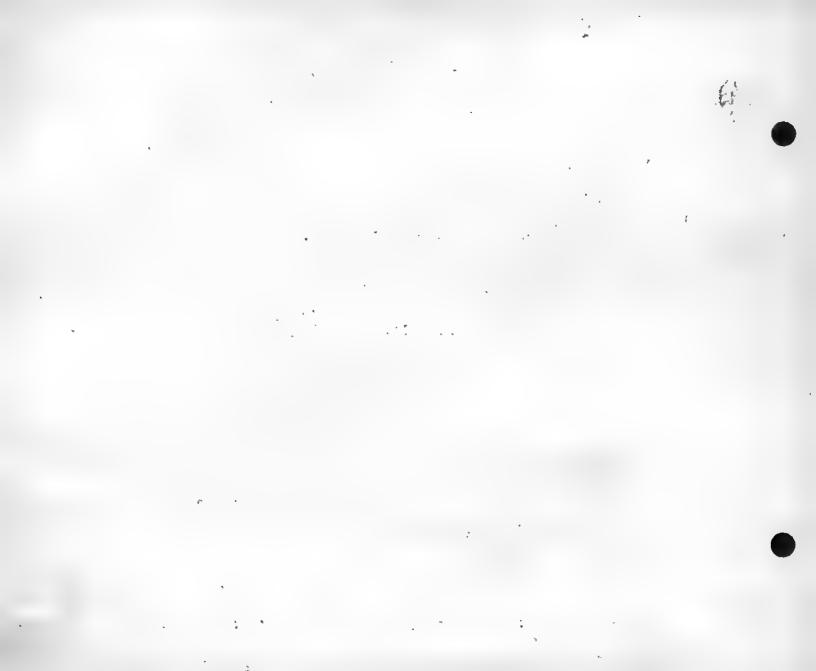
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20 DATE OF DEATH 2b. HOUR Middle Lost DECEASED NAME Month (Type or print) DATE OF BIRT26 ban papers Pages t within 72 hours after 4 RACE IF LAIDER 1 YEAR IF LINDER 24 HRS 6 AGE (In years lost birthogy) MONTHS DAYS HOURS requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED letely filled in DIVORCED [ Montaomery ■ WIDOWED □ 12a SUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of wpgking life, even if retired ) INDUSTRY give street address? prban Stone Tason 130 USJA, RESIDENCE (Where decensed lived, if institution Residence before 13e STREET AND NUMBER 13c CITY OR TOWN ISH, INSIDE CITY LAWEST odmission) STATE eve re man QUA 15. MOTHER S'MAIDEN NAME First 14 FATHER'S NAME Lost Lucci and 1007 Norahollosius 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT TAB. SOCIAL SECURITY NO. Yes, go, or unknown't Silver Spring. buriof, cremation, or remayol, APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) burial-tronsit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 😿 NO [ Poge 4 may be retained by the haspital or 2To, ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of mury in Port 1 or Port 2, Item 18.) 21b TIME OF INJURY HOUR A.M OR CONTRIBUTING CAUSE OF DEATH Month Dov Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R FD No. City or Town County Stote 21d INJURY OCCURRED While Not while of work 22a. I certify that (1) (this hospital) attended the deceased fram. \_19/20, and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased alive on.... causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** DIRECTOR 22e ADDRESS 22d PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23o. BUR AL CREMATION. 23b DATE Silver Spring. 0 2So. REC'D BY REGISTRAR 30M REV. 1/68 Silver Spring. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



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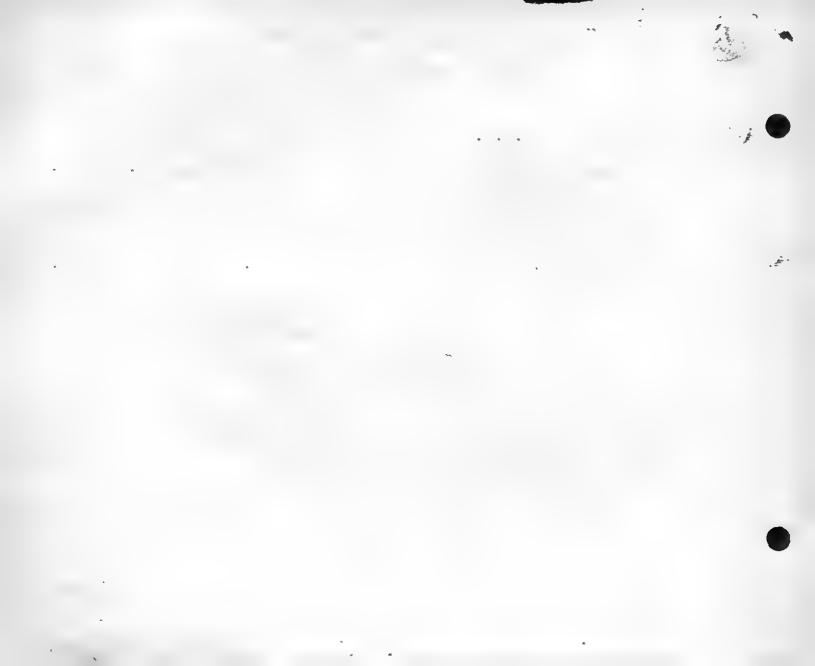
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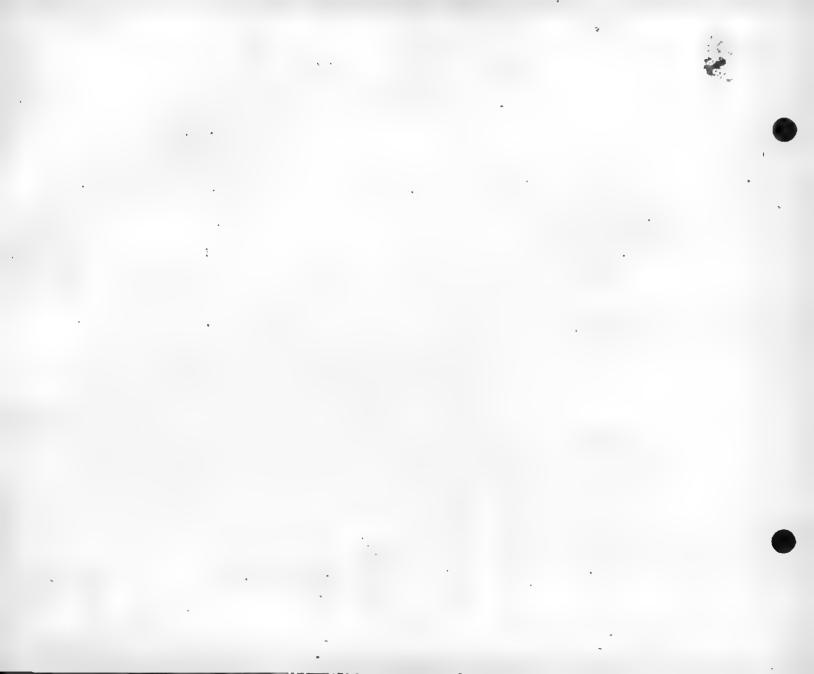
10264	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH								
1. DECEASED NAME First (Type or print) Baby	Middle Boy	MARSH	20 DATE OF DEATH JULY Manth 24	Doy 68 Year 703Pm					
3 SEX Male	4 RACE Caucasian	S DATE OF BIRTH July 24,		IF UNDER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS 3 MIN. 3 3					
7a. BIRTHPLACE (State or foreign country) Montgomery Co		8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 COUNTY OF DEATH Montgomery	Md.					
no. city or town of DEATH Bethesda	Naval Hospit	al	JSUA_ OCCUPATION (Kind of work doing most/of working life, even if retired	INDUSTRY N/A					
130 USUAL RESIDENCE (Where deceded admission) STATE Virginia	sed lived, if institution Residence before 1 13b COUNTY	McLean YES□	No□ 1530 Buena	Vista					
14. FATHER S NAME First Stanley	Middle Lost M. Marsh	15 MOTHERS MAIDEN NAM Marjo	orie J.	Myers					
16a WAS DECEASED EVER IN U.S. AR Yes, nappyunknown) (it yes give	MED FORCES? war or dates of service)  16b. SOCIAL SECURITY N/A		ean Address arsh, 1530 Buena						
1B. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly ane cause per 'ne for (o), (b), ond (c) ED BY: HATE (AUSE (a)	e Heart Frailin	r e	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH  3 ML -					
Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	Entholdstoris Lo	retates (Severe)	In utere-					
stating the underlying cause last.	due to, or as a consequence of								
1:1/10	NDITIONS CONTRIBUTING TO DEATH BUT N								
XISIE	CONDITION FOR WHICH OPERATION WAS PI	YES 🗀 NO	CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING					
OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. Manth Day Year liner) P.M. 1	9	Enter nature of in vry in Part 1 or Part						
While Nat while	PLACE OF INJURY ( AT HOME FARM STREET FA OFFICE BUILDING, ETC			Caunty State					
22a. I certify that (A) (t saw the deceased causes stated above	nis haspital) attended the deceas alive an U.L.V. 24 e, 00 (we) (grd) (diamet) view the	ed from JULY 24 , 1 19 60 , and that in (1704) (aur) bady after death.	908 , to July 24 , apraian death accurred an the	19 <u>68</u> , that \$1) (we) iast date and haur and fram the					
22b. SIGNATURE	Lout, MD	DEGREE PHYS	2	nc. date signed July 26, 1968					
22d PHYSIC AN S NAME (1000) P. SW	VARTZ, M. D.		Mospital, Bethesd	a, Md.					
REMOVAL (Specify) Transfer	Medical	CEMETERY OR CREMATORY School	23d LOCATION (City or Town) NNMC, Bethesda						
24. FUNERAL DIRECTOR	A DDRESS			AR'S SIGNATURE					

MAKTLAND STATE DEPAKIMENT OF HEALTH



	10265	DIVISION OF	VITAL RECORDS,	301 W.		ET, BALTIMO		YLAND 212	01	77	,		
7	Item#4, Film 310	3 5/5/6	KM (	ERTIFI	CATE OF D		DATE OF	DEATH			2b. HOUA M		
- 1	(Type or print) Norm	an	Lee		Martin	20		July	Boy	1988	9:00 M		
3	SEX	4. RACE			S. DATE OF BIRTI	Н		6 AGE (In year lost birthdoy)	rs i	FUNDER 1 YEAR	IF UNDER 24 HRS		
	Male		hite		14 Sept	tember 1	1967	iost birthdoy	YRS A	PATHS DAYS	HOURS MIN		
70	BIRTHPLACE (State or foreign	7b. CITIZEN OF W	HAT COUNTRY?		NEVER MARRIE	cutze.	DUNTY OF						
	<sup>Duntry)</sup> Pennsyl <b>v</b> ania	USA		WIDOWE	Progenition of the Property of	Property (		Montgo			Md.		
	Bethesda	Th.	The Clinical		Center, NIH during mos			st of working life, even if retired)			126. KIND OF BUSINESS OR INDUSTRY None		
13	o USUAL RESIDENCE (Where deceos mission) STATE Pennsylvania	ed I ved, if institut 136. COUNTY	ion: Residence before		R TOWN 134 Holland Y	ES NO	13e STF	REET AND NUME	ER				
	FATHER'S NAME First	Middle	Lost		IS. MOTHER'S MAID			Mid	dle		Lost		
	Floyd	AFD FOR COA	Marti		MICORALANT	Mable				Shi	rk		
	So WAS DECEASED EVER IN U.S. ARA Yes, no, or unknown) (If yes give in INO)	MED_FORCES? mr or dates of service)	16b. SOCIAL SECURITY I		The Medic	Bethes				ol Con	ton/		
-		l			THE MEUL	Car necc	وهسير	1116 01	111111	APPROXIM	AATE INTERVA.		
	18. CAUSE OF DEATH (Enter only one couse per inne for (o), (b), ond (t)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmonary and Gastrointestinal Hemorrhage								12 Hours				
н	IMMEDIA	DIJE TO OR	AS A CONSECUENCE OF	Acute	reticul	um cell	Leuk	remia					
	Cond nons, if ony, which gove)  Cond nons, if ony, which gove)  (b) With thrombocytopenia								2 We	eeks			
	rise to immediate cause (o), ( stating the underlying cause (	use to immediate conse (o).											
	lost. 200,0	(c)								<u> </u>			
	PART 2 OTHER SIGNIFICANT COL				TO THE TERMINAL D	DISEASE OR COND!	TION GIVEN	IN PART I(o)					
1	Propadle		nas septice		I no - AUTODO	VA.	Tool in	MEC MICH FINE	UNIOS CON	CIDEDED IN CE	DTIEVING		
	190. DATE OF OPERATION 196	FORMED 200. AUTOPSY? 20b IF YES, WERE FINDINGS CONS					SIDEKED IN CE	KIIFTING					
100	21a. ACCIDENT WAS UNDERLYIN	IG 216 TIME O	F INJURY	21c.	HOW INJURY OCCUR				-	m 18.)			
Mr. Diche	G CAUSE OF DEAL (If either, not'fy medical exami	HOUR A.M.	Month Doy Year			,		,	,	,			
1 5	21d. INJURY OCCURRED 21e.	PLACE OF INJURY	( AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.		LOCATION Street of	or R.F.D. No	City	or Town		County	Stote		
	111110								_	_			
	22a. I certify that (f) (th	is haspital) att	ended the decease	d from_	> July	19 00	., ta_9	JULY	., 19.0	othat	(t) (we) last		
	causes stated above	ive an	sdistret) view the	bady after	na that in ( <del>1999)</del> r death.	(aur) apinian	i death a	ccurred an I	ne date	and haur o	ind from the		
	22a. I certify that (f) (this haspital) attended the deceased from 5 July , 19 68 , ta 9 July , 19 68 , that (f) (we) last saw the deceased alive an 9 July 19 69 and that in (76%) (aur) apinian death accurred an the date and haur and from the causes stated abave (did) (did) (did) view the body after death.  22b. SIGNATURE 22c DATE SIGNED												
	Robert C.	Bull	aglen M	, LO DEC				STAFF PHYS.		uly_19			
7	22d. PHYSICIAN'S NAME (Type) Robe	22d. PHYSICIAN'S The Clinical Center, National											
/	Trassition test of heat of the test at the												
23	Bo BURIAL, CREMATION, 23b REMOVAL/Society) Ja								,	(County)	(State)		
	Kentoval Ja	11V 11.	168 Mennor 7857 Wi	nite	enetery	Sa REC'D BY REC	SISTRAR	25b_4REGE	TRAKS SH	GNATURE			
	Kolvert A Pw	morteres	/85/ W1	scon	sin Ave	DATE III	1.5.4	000 - 6	7/6	1. 70	CT.		
=							*	JUU #					

1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
JAIR	10766 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
(10 <b>4</b> ).	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Day Year 2b HOUR
	Richard Edwin Plantin Death Mated 7 14 198 72 7
	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years last birmody) 1 Aug. 24 1906 61 YRS 1 F UNDER 1 YEAR IF JNGER 24 HRS 1 OAYS HOURS MAN Months Qoy 1968 12:Qu 1968 13:Qu 1968 14:Qu 1968 14:Qu 1968 14:Qu 1968 14:Qu 1968 15:Qu 1968 16:Qu 16:Qu 16:Qu 16:Qu 16:Qu
	70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	COUNTRY) Fremont, Ohio U.S.A WIDOWED □ D.VORCED □ Montgomery
1	10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospita)  120 LISTAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR diving practical value street address)
	Silver Spring   Give street oddress   Holy Cross   Superior   Supe
	odmiss on) STATE Md. 13b. COUNTMONTgomery Sil. Spring YES X NO 224 Northwest Terrace
	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Balsizer
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., QQUBknown) (If yes give wor or do'es of service) 16b. Social Security NO 577-01-1190 Seona E. Martin, Wife 224 Northwest Jenn.
-	18 CAUSE OF DEATH (Enter only one couse per line of (a) (b) and (a) BETWEEN OKSET AND GEATH PART I. DEATH WAS CAUSED BY:
l	IMMED ATE CAUSE (OV
	Conditions, if ony, which gove )  DUE TO, OK AS A CONSEQUENCE OF
	nse to immediate cause (a), (b)
ı	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ı	
	19b. COND.TION FOR WHICH OPERATION  19b. COND.TION FOR WHICH OPERATION  WAS PERFORMED?  20 AUTOPSY?  YES \( \text{NOW INJURY OCCURRED (Enter not are of injury in Port 1 or Port 2, dem 18.} \)
	AR2 LYLOVINED:
l	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, dem 18.)  HOUR A.M
l	PR MARY OR CONTRIBLTING HOUR A.M  CAUSE OF DEATH P.M. 19  21d. NJ_RY OCCURRED 21e PLACE OF INJURY (At home, form, street, 2 f LOCATION Street or R.F.D. No. City or Town County Stote
	White Not white at work at a work at a work at a work at a work at wor
	22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion
l	death resulted bom: Natural causes Accident , Suicide , Homicide , Undetermined manner
	CHIEF MED CAL EXAMINER
	ACTUAL SIGNATURE ACTUAL ACTUAL M.D. ASS STANT MEDICAL EXAM NER 226 DATE SIGNED
I	EXAMINER'S D
	NAME (Type) 36106N / SCAF My (ADDREST STORY OF TO THE TOTAL COUNTY) TOLY TO THE
	230 BURIAL, CREMATION, REMOVA. (Spec fy) 23b. DATE 23c NAME OF CEMETER OF CREMATORY 23d .OCATION (C.) or Town (County) (Stote)
	Runial July 16, 1968 Parklawn Cemetery Rockville Maryland 24 FUNERAL BREGISTRAR 1250 REGISTRAR 1250 REGISTRAR 1250 REGISTRAR SIGNATURE
I	Warner E. Pumphrey, Inc. 8434 Georgia Ave. DATEUL 18 1968 Clientes Judge
Ì	Surer Spring 10 1 VVL 10 1000, F



3		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	Ch My
+		CERTIFICATE OF DEATH	L 6 5
4 _24		ECEASED-NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR
requires that the death certificate be executed within 24 hours after Jeoth physician.  I signed by the ottending physician and completely filled in the former and solving buriol-tronsit permit. The please remove carbon papers. Props 7 and 3 buriol, cremation, or removal, and in any event, within 72 hours after death	(1	(ype or point) ALBERT L. MASERICK Marth Day	68 1/30 M
5 3 D	3. SE		INDER 1 YEAR OF UNDER 24 HRS.
# (41g)		MALE WHITE 11/13/02 lost birthdoy) MOH	ITHS DAYS HOURS MIN
100		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
1 in pers	COUF	WASH, DC USA WIDOWED DIVORCED MONTGOMERY	COUNTY Md.
Filler Find	10. 0	TTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done // I	2b. KIND OF BUSINESS OR
te be executed within 24 ign and completely filled in se remove carbon poper and in ony event, within 72	5	SILVER SPRING give street address) CROSS during most of working life, even if retired)	MUUSIKI
ed v	13a	USJAL RES DENCE (Where deceased i ved, if institution Residence before 13c CITY OR TOWN 13d INSIDE CIDY UNITS? 13e STREET AND NUMBER	
nd com	Valid	ISSION) STATE MD. 136. COUNTY MONTG. S.I. SPING YES IN NO 210 INDIAN	SPR. O.C.
exe on)	14. F	FATHER'S NAME First Middle Last 15. MOTHER'S MA DEN NAME First Middle	Last
be name serial	L_	PAUL MASARYK KAROLINA BARANEK	
		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, na, ar unknown) (If yes give war or dates of service)  (es, na, ar unknown) (If yes give war or dates of service)	-
# / ( <del>à</del>		10 Pes, no., or junknown) (1) yes give was or ourse of 34 PARS   STR-40-9696   MRS. FRANCES MASERIA	
e E		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN UNSET AND DEATH
and i		PART I. DEATH WAS CAUSED BY: Carebral humanly	12 hours
ottend ottend permit		4 1, 9 DUE TO, OR AS A CONSEQUENCE OF	
t the sit i	1	Conditions, if ony, which gave a rise to immediate cause (a), (b)	
the figure of the creek		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
quires that t physican. signed by the buriol, crema		(c)	
by the hospitol or ottending physician.  By the hospitol or ottending physician.  Iffer this certificate hos been signed by the ottending phy be detached for use os the buriol-tronsit permit. The		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
w ding ding the the	NO,	TO DATE OF DEDITION 101 CONDITION FOR INSIGN OFFICE WISE PROPOSITION 101 OF A ALTERDATION 101 OF A STATE OF THE PROPOSITION IN	DEDED IN CERTIFYING
The low ottendir hos bee se os the th prior I	3	19a. Date of operation 19b. Condition for which operation was performed 20a. Autopsy? 20b. If yes, were findings consi	DEKED IN CERTIFFING
The profit of th	CERTIFICAT.ON	YES NO CAUSES OF JEATH?  210 ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item	In i
ol ol of for He		GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year	10 )
YSICIAN: ospitol or certificate hed for u	MEDICAL	[If either, natify medical examiner] P.M. 19 21d. (NJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town C	aunty State
NING PHYSICIAN: by the hospitol or fler this certificate be detached for u State Dept. of Heal	_	While Nat while \\ OFFICE BUILDING, ETC.	Julity 51016
the second			that /IV wal last
DING 4 by t After 1 be d		saw the deceased alive an	and haur and fram the
ATTENDING etoined by th CTOR: After t should be d		22a. I certify that (!) (this haspital) attended the deceased from 20, 19, 6f, ta 20, 19, 6f, and that in (my) (aur) apinian death occurred an the date of causes stated abave (!) (we) (did) (did not) view the bady after death.	
ECT Sh		22b. SIGNATURE 22c. DATE	SIGNED
DIR DE		DEGREE PHYS. DIRECTOR PHYS.	
ITAL Tray RAL Page file		22d PHYSICIAN'S Nelson G. Goodman M.D 22e. ADDRESS See Hourshim A	M. T.P. M.
HOSPITAL OR ATTENGE 4 may be retoined FUNERAL DIRECTOR: rector, page 3 should be filed with the	22.		Caunty) (State)
TO HOSPITAL OR ATTENE Page 4 may be retoined TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23d	BURIAL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATION (City or Town) (CAPTE OF THE AUTON)	Mn.
E - E	_	FUNERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR'S SIG	NATURE
30M REV 1 88	-	Hanlon Juneral Home 148 was 125 part UL 26 1968 Charles	· Predes
W/		The state of the s	

MAKTLAND STATE DEPARTMENT OF HEALTH

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<b>V</b>	1	MARTLAND STATE DEPARTMENT OF HEALTH
J. Carl	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
(17/)	1	CERTIFICATE OF DEATH
ی کی کے	T, D	ECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR
borne fueral Page I and havrs after death		Type or print) 6/12 Shith Poy 19 Year 8 6 A M
F - F	3. 5	
a gent a state of the state of		lost birthdoy) Months Days Hours Min.
haurrs haurs	7.0	
	£0U	(ULLA)
24 ad per 172	(2)	recushing rennal a.s. M. Millower & Divoker 7000/90000 9 Md.
	0	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital of USUAL OCCUPATION (Kind of work done que street address)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if refired.)  INDUSTRY
ely ban	1	Upczton, and. UNIV. Nussing Hame are FEODE WIFE PETHONE
ed solet car	130	USUAL RES DENCE (Where deceosed lived, if institut on: Res dence before 13c, CITY OR TOWN 13d INSIDE CITY UM. ISS 13e, STREET AND NUMBER 13b COUNTY 40 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
amil contract	OQII	115500) STATE md. 136 (OUNTY Montgome, Silver Spring YES NO 917 S. Bekrade Rd
d co	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
a a a a a a	1	HAIM CARREL COITED Russ
ion	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT / Address
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 stained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and campletely filled should be detached far use as the burial-transit permit. Then please remove carban pape ith the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72		Yes, po, or unknown) (If yes give wor or doles of service) 194-28-2097 1001774 Rosen From 13
erfa hen hen		IN CANCE OF PERTY (C. ) APPROXIMATE AVERVAL
h ding		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY:
leal mit ar	1	PART I. DEATH WAS CAUSE (D) COronary AV tary DI Can Co
off per lan,		DJE TO, OR AS A CONSEQUENCE OF
t the	1	Conditions, if only, which gove be to immediate couse (a). (b) C Congestive heart talluve
the parties and the strength of the parties and the parties an		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
sicio al-t		lost 4 2 (1) (c)
JING PHYSICIAN: The law requires the by the haspital ar attending physician. Ifter this certificate has been signed by be detached for use as the burial-transtate Dept. of Health priar to burial, cre		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ng ng he h		Nabetes Mellitus
faw faw iar ± ±	4710	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
has has he has has has has	CERTIFICATION	YES NO NO CAUSES OF DEATH?
ar a	GR.	
Tagic at A	ਤ	
SS	MEDICAL	[If either, notify medical examiner] P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
P P P P P P P P P P P P P P P P P P P		21d INJURY OCCURRED While 2 Not while 3 to twork of the place of INJURY (AT HOME, FARM, STREET FACTORY, ) 21f. LOCATION Street or R.F.D. No City or Town County Stote
a te e te		
be Sta		22a 1 certify that (1) (this haspital) attended the deceased from ACYYOX = , 19 66, to 7 = 7 , 19 68, that (1) (we) last saw the deceased alive an 7 = 3 1968, and that in (my) (aur) apinian death accurred an the date and hour and from the
Fig. 7. See		causes stated abave, (i) (we) (did) view the bady after death.
41. 10. Se et		226. DATE SIGNED
OR ATTENI be retained DIRECTOR: A je 3 should ed with the		Sillet R. Cin Line M. OGGREE PHYS DIRECTOR DIRECTOR DIPHYS
		22d. PHYSICIAN S 22e. ADDRESS
SPITAL 4 may NERAL (ar, pog	1	NAME (Type) Gilbert B. Cushner, M. D. 11161 N. H. Ave., Silver Spring, Md.
Page 4 may be retained by the haspital ar attending physician.  TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 should be detached far use as the burial-transit permit. Then please remove carban pages should be filled with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72	700	
Page 4	230	
5-5 0		
VR A15 (4)	24.	Surfal director funeral form 4217-9 th St. N.C. 250. REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE
30M REV. 1/68		successfully forme 1. 1.1/10. Toll 11 1300



,	li.				PARTMENT OF HEAL		
1		10269	DIVISION OF VITAL RECORDS	, 301 W. PRE	STON STREET, BALTIMOR	E, MARYLAND 21201	3.3 44.0
		10609		CERTIFICA	TE OF DEATH		10270
FIVIA	1. DI	CEASED NAME First	Middle		Lost 2a.	DATE OF DEATH	2b. HOUR
deat	(1	ype ar print) HE/Ex	/ M.	1/1	PAUFR.	Mapth Day	- 68 65 M
Par Tal	3. 51		4 RACE	S	DATE OF BIRTH	6 AGE (in years	F JNDER 1 YEAR   IF LNDER 24 HRS
agges rs affin	7	Emale_	White		2/19/1894	iost birthday) YRS.	MONTHS DAYS HOURS MIN
Pours hours	7a, I		7b. CITIZEN OF WHAT COUNTRY?		METER MARKIED	INTY OF DEATH	
Ped iii		W. VA.	U-S.H.	WIDOWED [2]	DIVORCED	Pontsomery	Md
D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physicion.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to buriot, cremotion, or removal, and in any event, within 72 hours after death should be filed with the State Dept. of Health prior to buriot, cremotion, or removal, and in any event, within 72 hours after death		ity or town of DEATH	11 NAME OF HOSPITAL OR II	NSTITUTION (If not i	hospital 12a USUAL OCC	UPAT ON (Kind of work some working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
d w leter orb	13a	USUAL RESIDENCE (Where decease	d lived, if institution. Residence before	13c CHTY OR TO	WN 130 INSIDE ENY LIMITS?	13e STREET AND NUMBER	
omp om o	adro	Sign) STATE	MONKAMERE!	Rocku	1/e) YESKIK NO	1120 maple	Que.
exe omy ony	14	ATHER SANAME First	Middle Deast	1S M	OTHER'S MAIDEN NAME First	Middle	Last
be on in		Joseph	WINESDORI	FER			Hohhs
afe iciar leos and		WAS DECEASED EVER IN L S. ARM	ED FORCES? 166 SOCIAL SECURITY	7 NO. 17. INFO	RMANT	Address	ARlington VA
hific hys n p val,	Ľ	es, na, ar unk <b>id (</b> if yes give wi	r or dates of service) 202-20-	1250 K	ennett MAY	ER-SON - 592	4 Lee Hoy
The Property of the Property o		18. CAUSE OF DEATH (Enter onl	y ane cause per ine for (a), (b), and (	3)	00		APPROXIMATE/INTERVAL BETWEEN ONSEL AND DEATH
ndir ii.	П	PART I DEATH WAS CAUSED IMMEDIA	TE CAUSE (0)	2 alu	Listocer		270000
e de atte	П	168 X	DUE TO, OR AS A CONSEQUENCE O	F	11 00		1 3
the option	ı	Canditians, if any, which gave	(b) Caren	Lycure	- le obde	er e	1275
that on. by i		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	F			1.2
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s be as the strior	CERTIFICATION	19a DATE OF OPERATION 19b. (	ONDITION FOR WHICH OPERATION WAS F	PERFORMED	20a. AUTOPSY?	20b IF YES, WERE FINDINGS ( CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
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SPIT 4 m 4 m d b		NAME (Type) Paul	T. Noone		5201 and	2 /2/1 y da	an and wine
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physicion.  O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be defacthed for use as the buriol-transhould be filed with the State Dept. of Health prior to burior, and	23a.	BURIAL, CREMATION, 23b. E		F CEMETERY OR CR		LOCATION (City or Town)	V (County) (State)
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VR A15 (4)	24.	FUNERAL DIRECTOR		ock lik			
30M REV 1/68	100	v. n hooler f	uner I Hone-lock	ville. 1	1 matril - 9	1968 PChant	as Judge.



1	DI DI		301 W. PRESTON STREET, BA		
	1220	(	ERTIFICATE OF DEATH		. 1
Office of b		Middle	lost	2g. DATE OF DEATH	Day Year 2b. HOUR
3 CEY	na?~	4 RACE	S DATE OF BIRTH  8-15-9	6 AGE (In years lost birthday)	IF UNDER 1 YEAR F JHDER 24 HRS MONTHS DAYS HOURS MIN
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≥ 21d. IN While	JURY OCCURRED 21e. PLA	CE OF INJURY ( AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.	ORY.) 21f LOCATION Street or R.F.D.		County State
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型	NATURE Herber	estales 1	DEGREE ATTENDING ATTENDING ATTENDING	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED  7-20-68
22d. PH N/ 23d BJRIAL, REMOV.	YSICIAN'S HERM	SERT S. GATE		AST CAPITOL	St. 20003
23g BJRIAL, REMOV	CREMATION, 23b DATE	73-10 0-3-1			(County) (State)
24. FUNERAL	DIRECTOR	ADDRESS -Gd Hope	Rd. DE DC North	D BY REGISTRAR 2Sb. REGISTR	AR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT. 1 DECEASED NAME First Middle Light 20 DATE KNOWN Month Doy Yeor	b HOUR
"I (Type or Print) Maude Elizabeth McEltish. Of EST 11 1965)	330 M
	d Hour
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10 CITY OR TOWN OF DEATH  11 NAME OF HOSP TAL OR INSTITUTION (If not in hosp tol during most of working like even if retired)  120 USUAL RES DENCE (Where deceosed lived, if nstitution Res dence before 13c CITY OR TOWN  130. USUAL RES DENCE (Where deceosed lived, if nstitution Res dence before 13c CITY OR TOWN  130. USUAL RES DENCE (Where deceosed lived, if nstitution Res dence before 13c CITY OR TOWN  130. USUAL RES DENCE (Where deceosed lived, if nstitution Res dence before 13c CITY OR TOWN  130. USUAL RES DENCE (Where deceosed lived, if nstitution Res dence before 13c CITY OR TOWN  13d HOSP TOWN	
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death resulted fram: Natural causes 15, Accident, Suicide, Hamicide, Undetermined manner	
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ACTUAL SIGNATURE John S. Ball M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DE	
DEPUTY MEDICAL EXAMINER IN THE STATE OF THE	<i>y</i>
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VR. A. ISME (5) 10M REV 1/68  Street C Fartur Gaithersburg. Model 1 5 1968 Charles Judge	



ا و رنت	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
(IM)	CERTIFICATE OF DEATH
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de and death	(Type or print) FRANCIS E McGilvery July Month (Day 18968 21/2 M
in dec	3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years Funder 1 YEAR IF UNDER 24 HRS.
of the furnisher softer	last birthday) Months DAYS HOURS MIN
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8	70. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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hin 24 filled pape thin 7	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION If not in hospital 120 LISUAL OCCUPATION (Kind of work drops 120 KIND OF RIKINESS OR
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campletely aventy y event, with	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER COPP
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on)	14 FATHER'S MAME First Middle Lost Is MOTHER'S MAIDEN NAME First Middle Lost
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ign and	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANY
J. C.	Yes, ng or unknown) (11 yes give wor or dates of service) 578-07-6696 Worlene H. Mc Silvery, Wife
e death certificate be ex attending physician and sermit. Then please rem an, ar remaval, and in an	
ng me	I IN MAUSE OF DEATH LEGIET ONLY ONE COUSE DET line for (a), (b), and (c),
rit iddi	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  LY & 2 Cory Holder Cours III
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requires that the death certificate be executed within 24 pours after a sphysician.  signed by the attending physician and campletely filled to by the fundamental permit. Then please remaye carban papers. Pages 1 o burial, crematian, at remayal, and in any event, within 72 hours after	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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ig a se la disconsidera	190 DATE OF OPERATION 196. CONDIT ON FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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D 45 15 5	S (If either natify medical examiner) P.M. 19
PHYSICI e haspit his certif rtached Dept. of	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State
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AT S S S E	22b. SIGNATURE 2
OR OR INE	DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRECTOR PHYS.
RAI Pope	22d. PHYSICIAN'S NAME (Type): John (, Robbrn M) 22e. ADDRESS CONNITTIENT AVE KINSINGTON MO
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-trainshauld be filled with the State Dept. of Health priar to burial, cre	
H be S si by	230. BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State)  BUYLERCITY Parklawa Cemetery Rockyille Montsonery Co. Me
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VR A15 (4)	24 JUNEAU DIRECTOR BY REGISTRAR SIGNATURE 250 RECT BY REGISTRAR 256 REGISTRAR SIGNATURE 250 RECT BY REGISTRAR 256 REGISTRAR SIGNATURE 250 RECT BY REGISTRAR 256 REGISTRAR
VR A15 (4) 30M REV. 1/68	N.W. Wash. D.C. 20016 Wisc. Ave. Attl 10 1968 Charles Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED NAME First 2a DATE OF DEATH 2b. HOUR death. (Type or print) Month era PNN burial, crematian, ar remaval, and in any event, within 72 haurs after 3 SEX 4 RACE DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNGER 24 HRS last birthday) JACHTHS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign NEVER MARRIED X papers. DIVORCED MONTGOHE WIDOWED [ 24 campletely filled TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 126. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired) INDUSTRY please remove carban 13a, SUAL RESIDENCE (Where deceased lived, if institution, Residence before \$13c, CITY OR TOWN 13e STREEL AND NUMBER Adel and ( 14 FATHER'S NAME Mrddle Last 15 MOTHER'S MAIDEN NAME First Middle LOUISE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN1 Address Yes, na. ar unknawn) (If yes give war or dates of service) attending phys 18. CAUSE OF DEATH (Enter anty one cause per line for (a), (b) and (c) ) PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) signed by the burial-transit p Canditians, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART No. as the prior tab Page 4 may be retained by the haspital ar attending 19a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196. CONDITION FOR WHICH OPERATION WAS PERFORMED has CAUSES OF DEATH? YES [ far use be detached far use State Dept of Health O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING | CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M directar, page 3 shauld be detache shauld be filed with the State Dept 21d INIJRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. State City or Town Caunty While Nat while at wark OR ATTENDING \_\_\_\_, 19@x\_, ta\_ \_\_19 68 and that in (my) (our) apinion death accurred on the date and have and from the saw the deceased alive an\_ causes stated abave, (i) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d -PHYSICIAN'S 23b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL CREMATION (Caunty) REMOVAL (Specify) Morgantown Reverly Meights Eemetery 25a. REC'D BY REGISTRAR 2Sb REGISTRAR'S VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARIMENT OF HEALTH

MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME M. ddle Lost 2o OATE OF OFATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death T of and (Type or print) Month 270 PichAR SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS lost birthdoy) MONTHS DAYS in by p nurial-rransir permit. Then please remave carban papers. Pa burial, crematian, ar remaval, and in any event, within 72 haurs 7a BIRTHPLACE (State or foreign 9 COUNTY OF DEATH country) DIVORCED WIDOWED MONTGOMB filled i TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address during most of working life, even if retired.) **INDUSTRY** rsician and completely to please remave carban none 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3e STREET AND NUMBER 13b. COUNTY Ade YES NO [ Middte 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First LOUISE 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT Address Yes, no, or unknown) CO e 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (o). signed by OUE TO, OR AS A CONSEQUENCE OF stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1(a) peen with the State Dept. af Health priar to far use as the 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES [ Page 4 may be retained by the haspital ar this certificate 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, notify medical examiner) be detached 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased fram\_ 7260 19 saw the deceased alive an... , and that in (my) (aur) apinion death accurred an the date and hour and fram the causes stated above, (1) (we) (did) (did not) view the bady after death. 22h SIGNATURE TULL - 22c DATE SIGNED **ATTENDING** director, page 3 shauld be filed v DEGREE DIRECTOR 22d PHYSICIAN S 22e. ADDRESS 23g BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (State) R BEMOVAL (Specify) Reverly Heights Cemetery Morgantown. 2So REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1968 30M REV, 1/68 ilver porina.



1	1	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	1 050	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	T DEC	FASED NAME FIRST Middle Lost 20 DATE KNOWN Month Day Year 2b HOUR DE OF ESTI DEATH MATED & July 31 1968 2 PM
any delay is 2, and 3 to PM3. Poge		1321 1181 CL AIFOI) MEKAZW- DEATH MATED X JULY 31 1908 2 PM
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Poy Poy with	10. (1)	Pocky: 1/e - give street oddress! Caryo Dr. duning most of work ag life even if retired) INDUSTRY Turnitume
er d sive ng v h th	130	SUAL RES DENCE (Where, deceased lived, if institution Residence before 13c City OR TOWN 13d INSIDE CTY LIMITS 13e STREET AND NUMBER
8. 0 8. 0 ofor	adr	mission) STATE Mid- 13b (OUNTY Mont) genery Reckville YES NO \$ 11945 Gory 2. Drive
hin 24 hours after de acil in Item 18. Give P niner's Office olong wi poges 1 and 2 with the hours ofter deoth	14 FA	THER'S NAME First Middle Lost
off Off		Ira Thomas McKnew Margaret Strother
hin 24 mid in niner's poges hours	16a W	AS DECEASED EVER N.L.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 11945 GOYA Dr.
e executed within 24 hours after deoth panding" in pencil in Item 18. Give Pages 1, ef Madical Examiner's Office along with formit permit. File pages land 2 with the State Devent within 72 hours ofter deoth	(Ye	No unknown)   (Hyes gree werk days of service)   578-03-0965 Mrs. Audrey M. McKnew, Potomac, Md.
should be executed with the Chef Madical Examination of the Chef Madical Examinate the standard from the chef madical Examination on any event within 72.		APPROXIMATE INTERVAL
xecuted Iding" if Madical I		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) AS Phyxis - Rathon Monoxiche Poissoning . Ih.
w tr	ш	DUE TO, OR AS A CONSEQUENCE OF
be e per per per per per per per per per per		Conditions, If any, which gave ) (b)
E E WE SIE		rise to immediate couse (a). (DIE TO, OR AS A CONSEQUENCE OF
		lost. (c)
0 = 0	Ī	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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wri wri used nov	3	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?
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NER: Till certifice hould be lies. should be should by the should be should be should.	At C	216 EXTERNAL CAUSE WAS  216 T ME OF INJURY Month, Day, Year  216 HOW INJURY OCCURRED (Enter notice of injury in Part 1 or Part 2, Iren 18)  Allocation of the property of the property of the part of the property of the part
NER cer cer thou sho sho sho	MEDICAL	CAUSE OF DEATH  2 d. INJURY OCCURRED  2 le PLACE OF IN. JRY (At home, form, street, 21f COCATION Sheet or R F D No. City of Town County Stote
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bical Examiners se execute the cer cer ctor. Poge 4 shouned for your files. ECTOR: Poge 3 should buriol, cremotion	l ŀ	AL WORK ALL AL WORK ALL
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Se ecto		death resulted fram. Natural causes [], Accident [], Suicide [X], Hamicide [], Undetermined manner []  CHIEF MEDICAL EXAMINER [] 7936 Old Georgetown
ple dir	1 1	ACTUAL () L 12 00 STEELING TO 220 DATE SIGNED Rd
UTY Diero Pri		SIGNATURE DEDITY MEDICAL EVANIMED VI
o DEPUTY DICA necessory, pleose exthe funeral director. 5 may be retoined of FUNERAL DIRECTOR Health prior to but		EXAMINER'S NAME (Type)  JOHN G. BELL, M.D.  ADDRESS(Street, city, town, or county) Bethesda, Maryland
TO DEPUTY DICAL EXAMINER: necessory, pleose execute the certif the funeral director. Page 4 should 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should Health prior to buriol, cremation,	23o	BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (County) (Stote)
		Burlal 8/5/68 Parklawn Cemetery Rockville, Montg. Md.
		UNERAL DIRECTOR 7557 WIDE CONSIN AVE 250 RECD BY REGISTRAR 256. REGISTRAR SIGNATURE 256. REGISTR
VR A15ME (5) 10M REV 1/68		ROBERT A. PUMPHREY, Bethesda, Maryland DATE AUG 5 1968 Charles July
(34)		



_			MAKILANU STATE DEPARTMENT OF HEALTH
Service Servic	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
The same			CERTIFICATE OF DEATH
، حذ	2.5		CEASED-NAME First Middle Last 20 DATE OF DEATH 2b HOUR
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<u></u>	× 1	3. SE	X S DATE OF BIRTH 6 AGE (IN years IF JINDER I YEAR IF UNDER 24 HRS. lost birthday) MONTHS DAYS HOURS MIN.
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i <del>d</del>	with /	-	Bethe Sda give street oddress) Suburban during most of working life, even if refreed) INDUSTRY
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pe			Wilbur F. Kellogg Katherine Noel
, 6			WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITION 17. INFORMANT Address
遺	VNQY	ľ	es, no, or unknown) (11 yes give war or dates of service) - Toling Mc maken 40sh, above
Le C	3		18. CAUSE OF DEATH (Enter on y one cause per ine for (a), (b), and (c).)  APPROXIMATE INTERNAL BETWEEN ONSET AND GEATH
=	- B		18. CAUSE OF DEATH (Enter on y one couse per ne for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) CARCINOMA OF THE OVARY  2 VIS
ged	affendi permit. ion, or re	Н	
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우 <u>-</u>	re re re		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
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al a	pnysicion. signed by the attending phy burial-transit permit. Then burial, cremation, or removo		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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	e F e F e F e F e F e F e F e F e F e F	ERI	23a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
AN	音音音		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year
Sign		MEDICAL	(If either, notify medical examiner) P.M. 19
PHYSICIA	e pt e	2	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
C (	音楽書		at wark 🐸 at wark 🐸 📗
ž.	total		22a I certify that (1) (this hospital) attended the deceased from Jec., 1966, to 7/25, 1968, that (1) (we) lost
TENDING	ed Fig.		22a I certify that (I) (this hospital) attended the deceased from Jee, 1966, to 7725, 1968, that (I) (we) lost saw the deceased alive on 7125 1969, and that in (my) (our) opinion death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the body after death.
			tudses stated above (i) (we) (aid half view (ite body after death.
~ ~ ?	Wild Will		226 SIGNATURE  ATTENDING  MED  STAFF  7/28/65
8	e <u>e e</u>		
O HOSPITAL	rage 4 may be retained by the hospital of attenuing physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. of Health prior to burial, cresshould be the with the State Dept.		22d. PHYSICIANS / RICHARD H. POLLEN 10400 CONNECTIONT ARE KENSINGTON
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# 3	8 <b>교</b> 하다.	250	REMOVA Energy 7-31-1968 Rock Creek Cemetery Washington, D.C.
2	=	24	FINEPAL DIDECTOR ADDRESS 250 PECT BY DEGISTRAD 256 DEGISTRAD'S SIGNATURE
	VR A15 (4) 30M REV 1/68	ME	FUNERAL DIRECTOR  Gawler's Sons Inc., 5130 Wisc. Ave.  DATE JUL 31 1968  AND PERSONATURE  DATE JUL 31 1968
		11	DARFACE OF TOOL

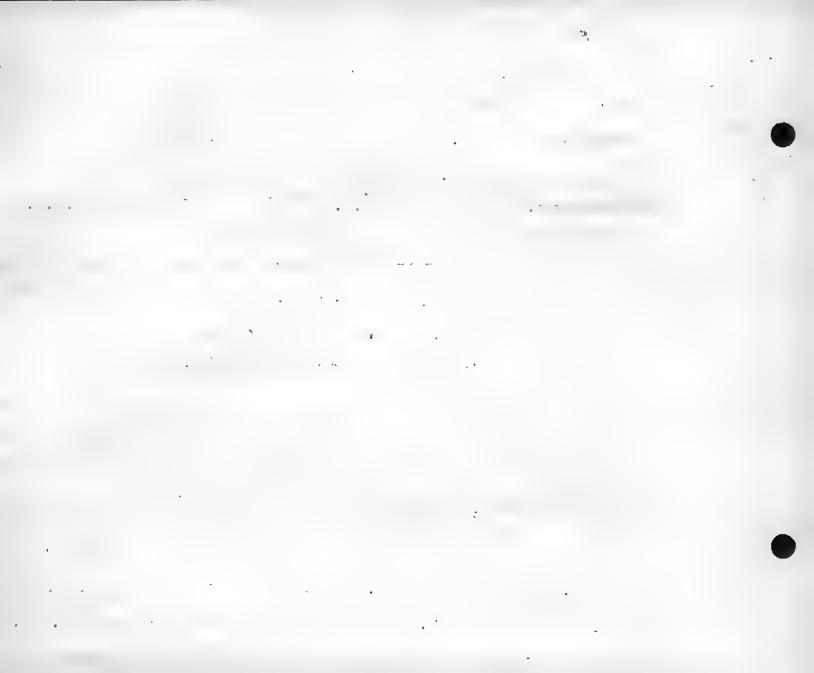


1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
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ie i fi	3 S	S. DATE OF BIRTH AGE (M yeors IF JNDER I YEAR J. F UNDER 24 HRS.  AGE (M yeors IF JNDER I YEAR J. F UNDER 24 HRS.  MONTHS DAYS HOURS M.M.
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and completely fulled in by the remave corban papers. Pages in any event, within 72 haurs of	10	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If pat in haspital during most of working like even if retired)  12 USUAL OCCUPATION (Kyda of work dane 12b Kind OF BUSINESS OR during most of working like even if retired)  13 NAME OF HOSPITAL OR INSTITUTION (If pat in haspital during most of working like even if retired)  14 NAME OF HOSPITAL OR INSTITUTION (If pat in haspital during most of working like even if retired)  15 NAME OF HOSPITAL OR INSTITUTION (If pat in haspital during most of working like even if retired)
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nd cany	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
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physician.  physician.  signed by the attending physician burial-transit permit. Then please burial, crematian, ar remayal, and	160	WAS DECEASED EVER IN U.S. ARMED PORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (es, no, or unknown) (II) yes give were obsolits of service) 030 -05-572 R May Paul Cotter 380 Address with the new obsolits of service)
They way	F	18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c))
at the death cer the attending nsit permit. The matian, ar rema		PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  TOTAL TOT
he deat attend permit.		DUE TO, OR AS A CONSEQUENCE OF
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quires the physician. signed by bunal-trar burial, crei		lost (c)
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DING PHYSICIAN by the haspital of the this certifical state and far	₩.	21d N.JRY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while
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ATTENDING etained by th territors. After the should be divith the State	П	22a. I certify that (I) (this haspital) attended the deceased from 19 and that in (my) (a) applican death occurred an the date and haur and from the
R: A	П	causes stated abave, (N. (va)) (did nat) view the bady after death.
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or be r		DIRECTOR LI PHYS.
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OSP B 4 1 JNEJ ctar ctar	23~	BURIA_ CREMATION, 236 DATE
Page dire	(30	REMOVAL (Specify) 7/24/68 At Maryo Cath. Barnesville Monte. md
	24.	FUNERAL DIRECTOR ADDRESS 259 REC'D BY REGISTRAR 256 REGISTRAR SIGNATURE
VR A15 (4) 30M REV 1/68	11	1) Aline 5 Stille (Bankerille) Mikelite JUL 2 5 1968 Pelisales Singer

MAKTLAND STATE DEPARTMENT OF HEALTH



2 (M)		10078	DIVISION OF VITAL RECORDS,	301 W. P	RESTON STREET, BAL CATE OF DEATH		RYLAND 21201	78	3
	1 D	ECEASED-NAME First	Middle	CERTITIO	Lost	2a. DATE OF	DEATH		25 HOUR
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	3. S		4. RACE		5. DATE OF BIRTH	-	6. AGE (In years		IF UNDER 24 HRS.
s affer the fr		Female	White		12/13/188		losphirthday) YRS.	MONTHS DAYS	HOURS MIN
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within ely fille bon po withir	10	Theaton	11 NAME OF HOSP TAL OR IN give street address) 90  Thi Vitas  d lived, if institution. Residence before 13b. COUNTY	l Arc	ola Ave during	nost of working	(Kind of work done I fe, even if retired)	126 KIND OF E INDUSTRY	JUSINESS OR
omplet owe cor event,	13a adm	USUAL RESIDENCE (Where deceased issian) STATE	d lived, if institution. Residence before 13b. COUNTY	Wash D	ingtonyes A	IMITS?   13e. ST	reer and number 518 Upah	ur St.1	J.W.
be exe		FATHER'S NAME First William Felty	Middle Lost	1	Robina Be	First	M.ddle		Lost
and and	160	WAS DECEASED EVER IN U.S. ARME			INFORMANT	77	Address	,	
rtific phys en p		(es, no or unknawn) (f yes give wor	or dates of service) 578-09-	-63481	A Nursing	Home I	Records	same a	IS Abov
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equires that the physician. signed by the burial-transit p burial, crematic			OITIONS CONTRIBUTING TO DEATH BUT N						
ng p en s en s te b		4201	*						
law andii bee be the	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS P	RFORMED	20a. AUTOPSY?		YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
The other see of the p	I E				YES NO [		S OF DEATH?		
CIAN: bital or rifficote d for u	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical exomine	HOUR A.M Manth Day Yeor P.M.		OW INJURY OCCURRED (Ent	er nature of inju	ry in Part I ar Part 2,	Item 18.)	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after, death Page 4 may be retained by the hospital or ortending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the share this certificate has been signed by the attending physician and completely filled in the share the defoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 hours after death should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	ME	21a. INJURY OCCURRED 21e. P While Not while at work	PLACE OF INJURY ( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f L	OCATION Street or R F.D. N	lo. City	ar Tawn	County	State
ING by til ter tate	П	22a. I certify that (1) (this	Hospital) attended the deceas	ed from	7/ 4/ , 19	60, to_	////, 19	60, that	
END ned b vid k	L	saw the deceased ali	ve an(I) (way (did nat) view the	an <u>ه مک</u> ۱۶	id that in (my) ( 🖅 ai	oinian death	occurred an the d	ate and hour o	and from the
ATI SE		22b. SIGNATURE	3/2000	11	7)	HED		DATE SIGNED	0
OR be r	П	- Rouce	e fooderland	DEG	REE PHYS	DIRECTOR	STAFF PHYS.	1/11/6	8
ITAL may tal I pog pe fill	1	22d. PHYSICIAN'S NAME (Type) France 1	s X. Richardson,	M.D.	22e ADDRESS	rs Mill	Road, Whe	aton. M	d. 20902
OSP   Osp	00-	Tranca					ON (City or Tawn)	(County)	(State)
Page dire	230				n Cemeter	7	nce Geor	ges Co	. Md.
VR (13)	24	FUNERAL DIRECTOR	ADDRES!	5	2So. RECD	BY REGISTRAR	25b REGISTRAR	SIGNATURE	
30M REV		the J. H. Hen	as Co. 2901-14	AT. 11.1	h. D.C. WHIL	1 5 196	8 Jelian	en Judge	



1		DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARTCAND 21201	83
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	73.37
HEALTH DEPT.		FEETASED-NAME First Middle Last 2a DATE KNOWN Month Type or Print)  OF ESTI-	Day Year 2 HOUR
2 0 8 3 T	,	Norman (NMN) McNeill DEATH MATED July	19 1968 AM
\$7M)	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (n yours   f JNDER 1 YEAR   if UNDER 24 HRS   2c DATE PRONOUNCED DEAD	9 +45
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epol epol		BIRTHPLACE (State or foreign 76 Cit Zen of What Country? 8. Married Inever Married 9 County of Death	
e De	'N	orth Carotina USA WIDOWED DIVORCED Montgomery	Md
ath that Stat	13	TY OK TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUA, OCCUPATION (Kind of work done	125 KIND OF BUSINESS OR
frer death Give Poges 1, ong with form ith the State De ath	ETA		INDUSTRY
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hours Office offer of	14	ATHER S NAME First Middle Lost IS. MOTHER S MAIDEN NAME First Middle	Last
7 - m / v		Dr. James McNeill Anne	Pimberton
ncil in Inner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (es. 10b or unknown) (If yes give wor or datapool segacity) 2.2.2.2.4.00.00.2007	
with per Lixa	,	(es, ho or unknown) (It yes give wor or detays of serges) 223-40-9207 Carobel Glover McNeill, wife	10-11-1
ed in		18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b) and (r) PART   DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
ould be executed with vord "pending" in persection (Example Medical Example File only event within 72		IMMEDIATE CAUSE (0) Acute Coro nary Insufficiency	Sudden
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hie rans		(and tions, if any, which gave) rise to immediate cause (a), (b) Cardio-vascular disease	Years
on)		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be executed ne word "pending" is the Chief Medicol buriol-transit permit in ony event within		(c)	
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tiff ard ard o	30	19g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION	20 AUTOPSY?
cer y, wi orrw use	ICAT	WAS PERFORMED?	
This cote be be	CERTIFICATION	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Its	YES NO X
ald later	15	PRIMARY OR CONTRIBUTING HOUR A.M.	stil in )
NET NET SE CO STATE OF SE CO STATE O	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 2 e PLACE OF INJURY (At home, farm, street, 21t LOCATON Street or R.F.D.N.a. City or Town	Caunty State
		WHILE NOT WHILE factory, affice building, etc.)	
EX ecute Page or ye R: Pa		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X	and in my apinian
CAL exe or d d fo TO		death resulted from Natural causes X. Accident . Suicide . Hamicide . Undetermined manner	
please e director retained. DIRECTO or to bu		CHIEF MEDICAL EXAMINER	
raf di mai di ma		ACTUAL LA PARTE OF THE PARTE OF	SIGNED
UT) UT) UT) UT)		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X	6191968
no DEPUTY SICAL EXAM necessary, please execute the funared director Page 45 may be retained for your of FUNERAL DIRECTOR: Page Health pr.or to buriol, crem		NAME (Type) John G. Ball, M.D. ADDRESS(Street, city, lown, or county)	/
10 = 10 = 10 = 10 = 10 = 10 = 10 = 10 =	230	BUR, Ab, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d 10CAT. ON (City or Town)	(County) (State)
		REMOVALISACIONAL HRLINGTON NATIONAL HRLINGTON VA.	
	24	TUNERA, DIRECTOR ADDRESS 25g. REGD BY REGISTRAR 25b. REGISTRAR'S	
VR A15ME (5)	1	10 2 3 1968 Police	a Oudan

MAKYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. death pup 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) eral PLACE OF DEATH a COJNTY o STATE **b** COUNTY Maryland MONTGOMERY Montgomery MARYLAND b CITY OR TOWN (If outside corporate mits, c LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) write GURAL and give negrest town) Germantown d. STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) paper 24 campletely filled Route #118 Route 118 YES X NO within executed within poq. 3 NAME OF Middle 4. DATE Yeor Firs! Doy DECEASED 0F (Type or print) DEATH IF UNDER TYEAR S SEX DATE OF BIRTH AGE In veors IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** birthdoy Months Dovs Hours 11/16/1902 Male White DIVORCED WIDOWED 11, B.RTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 100 JSUAL OCCUPATION (Give kind of work done ê COUNTRYS during most of working life, even if retired)
Retired INDUSTRY Restaurant Germany certificate Barbara Orchsler 13. FATHER'S NAME attending par Miller remova Johann WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address requires that the death (Yes, no, or unknown) (If yes give wor or dates of service Frances P. Miller-same item # 2 5 577-12-7407 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per lum for (o) (b), and (c) signed by the burial-transit p the PART I. DEATH WAS CAUSED BY: ONSET AND DEAT IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO storing the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the. lost. SO WAS AUTOPS)
PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) USe 0000 NO V ور 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached HE EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour a.m. While Not While 21. I certify that (1) (this hospital) attended the deceased from Ya 1960, to\_ 19.65 that (I) (we) lost Page 4 may be retained shauld 1962, and that death accurred at 10 A M, from causes and on the date stated above. sow the deceosed olive on\_ directar, page 3 sha shauld be filed with DATE SIGNED 22o. SIGNATURE DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S John Fawcett Dawsonville, Maryland NAME (Type) 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote Burth (Specify) 8/2/68 Parklawn Rockville, Maryland Wheeler Funeral Home 1331 Rock. Pike 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1968 DATAUG 20 M 1/66 Rockville Maryland



and a state of the		DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARTLAND 21201	31
FOR STATE		A → O → MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. D	DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Di	oy Yeor 25. HOUR
is to of		Type or Print) Arthur Hantield Miller DEATH MATED 7 6	1967 4.42M
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Ed a e e		death resulted fram. Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
EPUTY SICK ssary, please e funeral director ay be retained the retained the prior to bu		CHIEF MEDICAL EXAMINER	-
2 29		SIGNATURE Offin & Bell MD ASSISTANT MEDICAL EXAMINER 226 DATE SIGNATURE	SNED
ury ner be be		EXAMINER'S DEPLTY MEDICAL EXAMINER & JULY	17 1968
O DEPUTY necessary, p the funeral s 5 may be re 6 pury be re 7 may be re 1 math prial		NAME (Type) Sohn : Sall ADDRESS(Street, city, town, or county)	
TO DEPL necessor the fun 5 may 10 FUNE Health	230	BURIA. CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (C	ounty) (State)
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(6)	CA	CELMERAL DIRECTORY C CIT and Colot as REGISTRAR S G C 1-20 1250. REC'D BY REGISTRAR 1256 (REGISTRAR S G	NATURE
VR A15ME (5) 10M REV. 1/68	2	career E. Lumphrey, Inc. Silver Spring, 11d. DATE JUL 12 1968 Person	and I want
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MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Last 2c. DATE OF DEATH 26 HOUR death (Type or print) 3. SEX S DATE OF BIRTH IE LINDER 24 HRS 6 AGE (In years IF LINDER YEAR last birthday) make within 72 haurs 24 hours 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED papers. country) completely, filled in WIDOWED IT DIVORCED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital IC. CITY-OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired ) INDUSTRY g 13a USUAL RESIDENCE (Where deceased lived of institution; Residence before 13c CITY OR TOWN 13H INSIDE CITY LIMITS? 136 STREET AND NUMBER requires that the death certificate be executed 13b COUNTY YES SC 3Ve burial, cremation, ar removal, and in any 14. FATHER'S NAME East Middle 1S. MOTHER'S MAIDEN NAME First and physician 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. INFORMANT (If yes give war or dates of service) Yes, no, or unknown) 1212-24-4153 6 APPROXIMATE INTERVA-18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c).) BETWEEN DWSET AND DEATH PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave t rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or attending physician. stating the underlying causes last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO C this certificate 2) a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, natify medical examiner) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21F LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at work **DIRECTOR:** After 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased glive an 1963 to 7-24 \_\_\_\_19 68, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an\_ causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE **ATTENDING** DIRECTOR PHYS PHYS Page 4 may 22d. PHYSICIAN'S 22e\_ADDRESS FUNERAL NAME (Type) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL (REMATION (County) (State) REMOVAL (Specify) Parklawn Rockville, Md. 9 7/27/68 Typing Wheeler Funeral Home-1331 Rockville Pike 2Sb. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR VR A15 (4) 30M REV 1/68 Rockville.Md

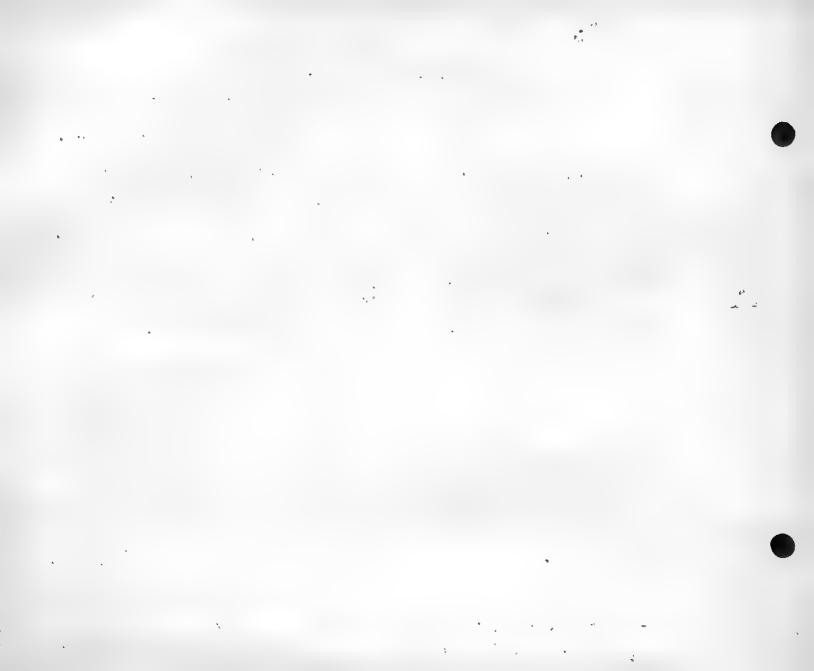
MARYLAND STATE DEPARTMENT OF HEALTH



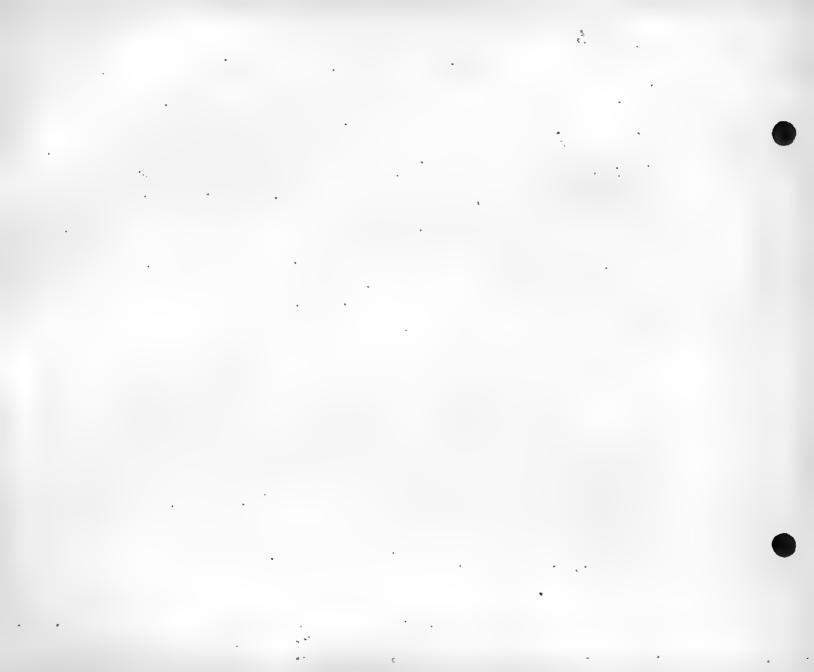
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thin 24 incil in miner's pages hours	(1	WAS DECEASED EVER N.U.S. ARMED FORCES? as, no, or unknown) (If yes give war or dares of service)  577-05-5352  Mrs. Benjamin H. Baker 411 Dwinbrook Pkwy		
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should bm e ne word "per to the Chief i burial-transit		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
(AM ■ER: This certificate should ba executed within 24 prouts after death te the certificate, writing the word "pending" in pencil in (New_18 Give Pages 1, 18 A should be forworded to the Chief Medical Examiner's Office along with form rour files.  Oge 3 should be used as a burial-transit permit. File pages I and 2 with the State Decremation, or removal, and in any event within 72 hours after death.		(c)		
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DICAL II ose execu- rector. Po nined for RECTOR: I to burial,		death resulted from: Natural causes Accident , Suicide , Hamicide Undetermined manner		
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TY, ple y, ple pe reto SAL DI prior		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 220 DATE SIGNED		
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55 ± 55 H	230	BJRIAL, CREMATION 23b DATE 23c NAME OF CEMETERY ON CREMATORY 23d 10CATION (City of Gwn) (County) (Stote)		
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AN	3	where the Green Carter 8434 CDBSSAgia Ave. 250 RECD BY REGISTRAR 250 REC STRAR S SIGNATURE 250 RECD BY REGISTRAR 250 RECD BY REGISTR		
VR ATSME ALL	14/	arner E. Pumphrey, Inc. Silver Spring Md. DATUL 29 1968 Clarke Judge		



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and the second	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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	e executed within 24 and completely filled carrowe carban pap n any event, within 7	10	TTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 12a. USUAL OCCUPATION (Kind of work flane 12b KIND OF BUSINESS OR
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	be an an	L	FRANCIS MILLER MARY Sutton
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	phy en ove		10 De 40-19/5 FACE MEET - Chart
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	NING PHYSICIAL by the hospital fler this certifice be detached far state Dept. of He	鋻	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. No City ar Town Cabarty Stote
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	ATTENDING etoined by th CTOR: After t should be de	П	220. I certify that (1) (this hospital) attended the deceased from Hully 5, 19 00, to Hully 3, 1960, that (1) (we) last
	NDI Sed by Id by Id by	П	saw the deceased glive an A 242 $\propto 3$ 1968 (and that in (my) (our) opinion death accurred on the date and hour and from the
	Sing Sing H	П	couses stated abave, (1) (we) (did) (did not) view the body after death.
	OR ATTENE be retained DIRECTOR: A ge 3 shauld ed with the	П	226 SIGNATURE 7 DEGREE PHYS DIRECTOR PHYS DI
	Dige of Filed	П	22d. PHYSICIAN S DEGREE PHYS DIRECTOR PHYS. DIRECTO
	RAIL Per l		NAME (Type)
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta	23g	BURIAL, CREMATION, 236 DATE 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION (City or Town) (County) (State)
	Pog o pige		REMOVAL (SOBOLITY) / July 28,1968 MOUNTAIN VIEW ShARDS hurg WASH Md.
	VR ALDER	24.	FUNERAL DIRECTOR DYSOLIN FULLY OF TANDRESS C 1 250. RECD BY REGISTRAR 250 REGISTRAR'S SIGNATURE
	30M REV 108		Howard R. Krown - Marting W. VA DATE UL 26 1968 Charles Judge



		MARTLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
(1//)		CERTIFICATE OF DEATH	
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D HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within a Page 4 may be retained by the hospital or attending physician.  5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filly director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pashould be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within		Betherds give street address) Suburban during most of working life, even stretized   INDUSTRY -	rine
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The start the st	CERTIFICATION	YES NO CAUSES OF DEATH?	
Lor Lor Lea			
a figure and the state of the s	MEDICAL	If either, notify medical examiner) P.M. 19	
hospiche che	×	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County	Stote
this this be		While Not while at work of work	
ING by t ter ter tate		220. I certify that (I) (this hospital) attended the deceased from 1954, to July 4, 1964, that (I) sow the deceased alive on July 9, 1964, and that in (my) (our) opinion death occurred on the date and hour and	(we) lost
N S S S S S S S S S S S S S S S S S S S		sow the deceased alive on 1964 and that in (my) (our) opinion death occurred on the date and hour and	from the
E Se	П	couses stoted obove, (I) (we) (did) (did) view the body ofter death.	
Will State	П	ATTENDING SO MED STAFF STAFF	
Die Die de			
Moy (AL)		22d PHYSICIAN'S NAME (Type) Stack C C C C ADDRESS NAME (Type) Stack C C C C C C C C C C C C C C C C C C C	
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Poge 4 may be retained by the hospital or attending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filled with the State Dept. of Health prior to burial, creating		. Tomoen, mai receive, the	
ege FU FU	230	DCMOVAL (5	tate)
2 2 2 7			MD.
VR AID		FUNERAL DIRECTOR 7557 APPERSONS IN AVE 250. REC'D BY REGISTRAR 250 REG STRAR'S SIGNATURE	
30M REV IY 8	R	ROBERT A. PUMPHREY Bethesda, Maryland DAIDUL 15 1968 Clientes Queses	jejo



1 /	-10	MARYLAND STATE DEPARTMENT OF HEALTH
1 /		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
E 77 E		ECFASED-NAME First , Middle Last , 2a DATE OF DEATH 2b HOUR
24 haurs after dearth of in-by the funeral pers - goges   and 2	(1	(ype or print) Frederick Bruan Mills Month Doy Year 9:308 M
rer of	3. 58	
s of the state of		Male WHITE 3/1/98 70 YRS
		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
2 2 2 2 2		Virginia U.S. WIDOWED DIVORCED 1110/1790 METY Md.
hin 2	10. (	IT Y OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working ife, even if retired)  12 USUAL OCCUPATION (Kind of work dane during most of working ife, even if retired)  13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working ife, even if retired)
with stely ruban t, wer	130	USLAL RES DENCE (When deceased Jived, if institution Residence before   43c (17), OR TOWN   13d INSIDE CITY LIMAS?   13e STREET AND NUMBER
PHYSICIAN: The law requires that the death certificate be executed within the haspital ar attending physician. This certificate has been signed by the attending physician and campletely fills to trificate for use as the burial-transit permit. Then please remove carbon potents af Health priar to burial, cremation, ar removal, and in any event, within Dept. af Health priar to burial, cremation, ar removal, and in any event,		ission) STATE Md. 13b. COUNTY Marks. Cilure Sound YES NO 37-2 Blick Drive
d cal	14.	FATHER'S NAME First Middle Last IS, MOTHER'S MAIDEN NAME First Middle Lost
and and rem		Joseph 9. Mills Mary Lillian Embrey
and	160	WAS DECEASED EVER IN US ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT
tific shysin p val,		Use (III) 578-24-4579 (aroline) Mills Silver Spring I'd
he death certificate be attending physician ar permit. Then please r tian, ar remaval, and in		18 CAUSE OF DEATH (Enter only one cause per me to (a), (b), and (c))  APPROxIMATE INTERVAL BETWEEN QUISET AND ORATH
eath endii ar r		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mystallia Missilla 2 lielok
atta perri		4/09 DUE TO, OR AS A CONSEQUENCE OF
at th the matif		Conditions, if any, which gave rise to immediate cause (a). (b) Analysis (b) Attantion (b)
equires that physician. signed by burial-fran.	1	istaling the underlying cause DUE TO, OR AS A CONSEQUENCE OF lost.
hysi gne urial		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16
ng p	·	The misturpoura and Frondelles
law re ending been been is the	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The 1 after has se as	(I 🚆	YES NO CAUSES OF DEATH?
YSICIAN: aspital ar certificate i.hed far u		210. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item 18)
pita prita af t	MEDICAL	(If either, notify medical examiner) P.M. 19
HYS has is ce ache	25	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. (ify or Town County Stote
the det	1	at work at work
DIN A by Affe a Sto		saw the deceased alive an
O.S.:	L	couses stated abave, (1) (we) (did) {did fait /vie with e bady after death.
OR ATTENDING be retained by the SIRECTOR: After i e 3 should be d ed with the State	ı	22b. SIGNAYORE ATTENDING MED STAFF DIRECTOR PHYS TO 7/2/68
Ped Sign	L	22d. PHYS GANS 22e ADDRESS 22e ADDRESS
md md		NAME (Rype) Que Curry 9801 Gladein Que
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carban pageshauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within	23e	BUR AL, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Jown) (County) (Stote)
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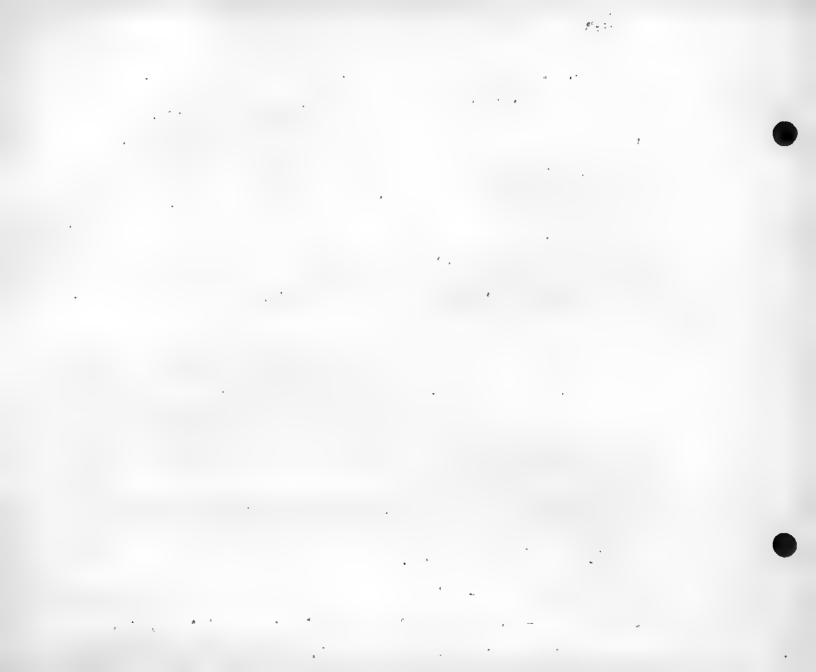


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7		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1097
P		CERTIFICATE OF DEATH	
2 82	1. D	CEASED NAME First 20 DATE OF DEATH	2b. HOUR
death death	(	ype or print) KATIE CONTE. MISTED 7 Month 21 Day	68 Year 6 A.M
KA FAE	3. SI		FUNDER 1 YEAR   IF UNDER 24 HRS.
The same	0. 5.		ONTHS DAYS HOURS MIN.
by Paur	cour	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
24 ho		MANULAND U.S. WIDOWED DIVORCED FOLLOW	ERY Md
requires that the death certificate be executed within 24 haury atter death g physician.  n signed by the attending physician and completely filled in by the footeral e burial-transit permit. Then please Textore carban papers. Pages Trans a burial, crematian, ar remaval, and in any event, within 72 haurs after death		ITY OR TOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired)  HOUSE WIFE	12b. KIND OF BUSINESS OR HID STRY
d w carb		USJAL RESIDENCE (Where deceased lived, if Institution, Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER.	
cuter e c	adm	SSIGN) STATE NATURAL 136 COUNTY MONTEONERY WASHINGTON YESK NO 101 CEPTER	Sheet
8/ P. 8 8	14	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First / Middle	Last
9 E E.S	F	REDERICK (XROUES   MARY V. WIRCY	
equires that the death certificate physician. signed by the attending physician burial-transit permit. Then plebse burial, crematian, ar remaval, ahd		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b SOCIAL SECURITY NO  17 INFORMANT  17 INFORMANT  18 Paul 101 Center Stu	not chastinen
he death certifica e attending physic permit. Then ple tian, ar remaval, c		es, no, or unknown) (11 yes give war or dotes of service) 32648-5262 Rev. M. 15 lead 101 Centers W	Q 4 00E
The The		18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ar re		PART I. DEATH WAS CAUSE (0) acute coordina faiture	seconds
afte on,		DUE TO, OR AS A CONSEQUENCE OF	
the the sit is		Canditians, if any, which gave is the control of th	Iday
tha an. by ran		storing the underlying cause C DUE TO, OR AS A CONSEQUENCE OF 1 1"	1-1-0
The law requires that the attending physician. has been signed by the cse as the burial-transit phy prior ta burial, crematia		lost Pydonephits	15947
Phy Sign burn		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ing ing ing iffe	몽	None	
The faw ratending has been se as the h prior ta	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206 IF YES, WERE FINDINGS CON	ISIDERED IN CERTIFYING
	<b> </b>	- YES NO S	
AN: Il oil cate ar i		210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Itel  OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	m 18.)
HYSICIA haspital s certific sched fa spt. af H	MEDICAL	(If either, natify medical examiner) PM 19	
	=	21d INJURY OCCURRED While Nat while at wark  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY)  21f LOCATION Street or R.F.D. No.  City or Town	County State
DING by 11 fifer 1 be d State	L	22g   certify that (I) (this haspital) attended the deceased from 7/18 19 6 8 to 7/1/19	5 &, that (1) (we) lost
ATTENDING etained by th CTOR: After t shauld be di		saw the deceased glive on 7/20 19 68 and that in (my) love) apinion death accurred on the date	and havr and fram the
A Paris di H		causes stated abave, (1) (and not) view the bady after death.	Tr. CONED
OR ATTEND be retained birECTOR: A je 3 shauld		ATTENDING MED. STAFF	122/68
y be policy be properties tiles	П	22d PHYSICIAN'S A 1 1 Lb D (A C) 22e ADDRESS (C) 1	14
TO HOSPITAL Page 4 may TO FUNERAL E director, pag shauld be fil		NAME (Type) Melvins Kordon ND 13 Deer Park Drive G	O LANGE DULG
HOS ge <sup>2</sup> FUN rectr nauld	23a	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) / (State)
5 5 5 2	16	PREMOVAL (Specify) 7-24-68 ChICAMUXEN METHODIST CHICAMUXEN C	harles (1)
VR A15 DO	74.	FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRARS SI	GNATURE
30M REV. 1/68	K	INTT FUNERAL Llomo - WA GURF, MA DATE JUL 2 5 1968 golo	new Junge





200		t	MARYLAND STATE DEPARTMENT OF HEALTH	
10	$\sim 1$		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	733
-	(NA)		CERTIFICATE OF DEATH	33
	MAIN!	1 D	DECEASED-NAME First Middle Lost 20 DATE OF DEATH	2b HOUR
	deot			Syear 85 W
		3. SE		DER YEAR IF UNDER 24 HRS
	n by the furst Pogst hours after	2	11 White 3-20-08 (00 YRS)	
	24 houy ed in by ppers. F		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH MONTEGE   TOKONO PORK	nery
	d within 24 letely filled orbon pope nt, within 7	10 0	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 LSUAL OCCLPATION (Kind of work done 126	KIND OF BUSINESS OR DUSTRY
	with tely rbon ', wij	10	Jakama 1966 Washington Southernani i raintes	zelf employed
	mple re co		SUBJECT OF STATE DE LA COUNTY ST	E AUG NE
	ond comple	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
	n ond		Frank Moore Ida ->	Flowers
	ne deoth certificote b attending physicion permit. Then please ion, or removal, and i	160.	O. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes no, or unknown) (If yes give were or dates of service)  16b SOCIAL SECURITY NO. 17 INFORMANT  Address  Address  Fig. 10-5246  Record	
	phy en over	<u> </u>	No Hospital Record	APPROXIMATE INTERVAL
	h ce ing Th		PART I DEATH WAS CAUSED BY. DE ONCE OR CO. (b), and (c).)	GETWEEN ONSET AND DEATH
	deof rend mit.		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Branchagenic CA & cerebral metastases	3.4 mas
	he d		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove )	
	of the most		rise to immediate couse (a), (b)	
	equires that the physicion. signed by the control-transit purial-transit purial, cremotion		stoling the underlying couse DUE TO, OR AS A CONSEQUENCE OF last. 6 4 (c)	
	uire hysi gne gne uriol		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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	low ndir bee s th ior 1	100	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY2 206 IF YES, WERE FINDINGS CONSIDE	ERED IN CERTIFYING
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	AN: Il or rate ar us feoli			8.)
	Signature de la companya de la compa	MED.CAL	Iff either, notify medical examiner) P.M. 19	
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 has page 4 may be retained by the hospital or otherding physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Should be the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 has buriol.	2	White Not while of work of work of work	inty Stole
	ING by t frer spe c			that (I) (we) last
	END Ned N: A: Juld I		saw the deceased alive an	id haur and tram the
	ATT ritoin shou		226 SIGNATURA 220 DATE S	SIGNED
	OR ATTENI be retoined DIRECTOR: A je 3 should ed with the		Dang A. Davolar MI) DEGREE PHYS DEGRECTOR DESTAFF DE 9-1	6/68
	AL D		22d PHYSICIAN S 22e. ADDRESS	
	SPIT 4 m 4 m d b		NAME (Type) Fenne G. Bendler MD 10820 Georgia Ave. Wheat	on, Md
	O HOSPITAL Page 4 may O FUNERAL director, pog	230	arrially to 41	unty) (Stote)
	5 5 5 2 200		FMOVE THE 7-9-1968 Codar Hill Cemetery Suitand, Md.	
	VR A15 (4) 30M REV 1/68	24.	Nalley Funeral Home Mt. Rainier. Md. 25g. RECD BY REGISTRAR S. SIGNA (Nalley Funeral Home Mt. Rainier. Md. 1968)	TURE
	30M KEV 1708		"alloy didial long No. Rallian. Mil. Inthe	No. of Street, or other Persons and Street, o



_ 1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED NAME First Middle Last 20 DATE KNOWN Month Doy Year 12b HOUR
of ge	(Type or Print) WAYNE E. MOUNTJOY  OF ESTI- 07 24 1968645
eloy	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years Junder 14 ARS 2c DATE PRONOUNCED DEAD 2d HOUR Wh 08/06/51 752thday) MONTHS 0AYS HOURS MIN Month 07 Day 24 Year 68 645F
any delay is 2, and 3 to PM3. Page	A ANTI- SO, OS, SZ ZOS ARS
- 1	70 BIRTHPLACE (Stote or foreign   7b C TIZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARRIED   9 COUNTY OF DEATH  COLINTY) D.C. U.S.A. WIDOWED DIVORCED MOREGOMERY
fer death Give Poges I, ang with form th the State pe	1D. CTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL DECUPATION (Kind of work dane 12b KIND OF BUSINESS OR
ve P y with	SilverSpring give street oddresHolyCrossHosp.   during the tide melife, even if rehired   INDUSTRY
old of will be a	13a USJAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY PrinceGep. Landoveries \( \text{INDITY ON TOWN} \) 7714 Spring Street
certificate shauld be executed within 24 hours writing the word "pending" in pencil in Item 18 provided to the Chick Medical Examiner's Office used as a burial-transit permit File pages I and 2 moval, and in any event within 72 haurs after d	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost C. Ringwald
hin 24 ncil in niner's pages havrs	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS
within n pencil Exomine File page	(Yes no ar unknown) (Hyes give wor ar dates of service) Robert E Mountjoy andover, Md.
be executed will perding" in perding" in perdicol Exorant Medicol Exorant File event within 72	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).  PART I. DEATH WAS CAUSED BY
executed ding" if wedical permit in within	IMMEDIATE CAUSE (a) 1/Caccal Caccal C
word be exe word peod the Chiol M rial-transit pe	Conditions, if any, which gove )  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove )  (3 - 4)
Page Page	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
should ne word to the Ch	(c) Respiratory Criest incurred while ving
This certificate shaul trate, writing the worlded to the be forwarded to the decrease of burial-or removal, and in on	PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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his cate, voe for be us	190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210 EXTERNAL CAUSE WAS  210. TIME OF NURY Manin, Day, Year  21c HOW JNIURY OCCURRED Knier not the of nury About Long Park 1 here 18 1
生	21a EXTERNAL CAUSE WAS 21b. TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED Uniter notice of njury 1904. Here 18 18 18 18 18 18 18 18 18 18 18 18 18
NER: To certification in the state of strong or strong o	CAUSE OF DEATH 1968 while During in Severn River
ICAL EXAMINER:  2 execute the certifor Page 4 shauld ed for your files. CTOR: Page 3 should burial, cremotion,	21d INJURY OCCURRED  21e PLACE OF INJURY (At hampe form, street,  WHILE  AT WORK  AT
ICAL E) execution tar Paged for ) CTOR: P	22a. I certify that I taak charge of the remains described above, held an Autapsy 🔲, Inspection 💢, Inquiry 💢 and in my apinian
Se exertar ned ned sector ned sec	death resulted from. Natural causes
Ty please y, please and direct less retoine to prior to be prior t	ACTUAL CHIEF MEDICAL EXAMINER 226 DATE SIGNED
ory, nerg be be pri	SIGNATURE AND ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY D
TO DEPUTY SICAL EN necessory, please exect the funeral director Pa 5 may be retoined for TO FUNERAL DIRECTOR:	NAME (Type) BELDEN / YEAR M. DODRES W. BY DESTAUNTY) JULY 97, 168
<b>5</b>	230 BUR AL CREMAT ON, 23b DATE 23c NAME OF CEMETIKY OR CREMATORY 23d LDCATION (Credit Town) (County) (State)  Burial Colmar Hanor Pro Geo Md
K.A.	Burial July 27, 1968 Ft Lincoln Cemetery Colmar Manor Pro Geo Md  24. FUNERAL DIRECTOR 250 REGISTRAR 25D REGISTRAR S SIGNATURE
VR A15ME (5)	F. GASCH'S SONS Hyattsville Mrs. DATE UL 29 1968 Pelianles Jusque

			DIVISION				AKIMENI OF IN STREET, BAI		YLAND 2120	1 .	1301	
FOR STATE			1.1				ERTIFICATE			· .	JUI	
HEALTH DEAT.		ECEASED-NAME Type or Print)	First No		Midd		lost Mouradi		2a. DATE KN	STI	Day Year V 4 1968	2b HOJR
and 3		male	4 RACE White	5 DATE OF BIR 5-24-1		6 AGE (In years last banday)		IF UNDER 24 HRS HOURS MI	2c DATE PRO	NOUNCED DEAD	Year 1968	2d HOUR 430 M
	canu	BIRTHPLACE (State try) New Yo	rk	76 CITIZEN OF WH		Wi		VORCED 🗀	Montgom	ery		Md
offer death.  8. Give Pages along with fo with the State eath.		TY OR TOWN OF Bethesda	l.	give :	street oddress) 4	812 Ear	N (If not in hospite		inaxer life	nd of work done , even if retired.)	126 KIND OF BUSII	MESS OR
hours after tem 18. Gr Office alang and 2 with	0	dmiss an) STATE	Md .	ed lived, 'f institution 13b. COUNTY IV	lontgome	ry Betare Isc. Cit	thesda	YES X NO	4812	Earlston		
24 hours n Item 's Office s land 2	14. 1		Villiam	NXXX		hon	15. MOTHER 5 M	Anr			Oday	
within 24 hours 1 pencil in Item 11 Examiner's Office File pages land 2		WAS DECEASED EVI es, no, ar unknow INO		ORCES? war or dates of service)	166 SOCIAL SEC 577-09		17. INFORMANT Mrs. The	odore Le	Blanc-5	ADDRESS 316 -42n	ashington	
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		Canditions, if a rise to immedi stating the un	ate cause (a),	(b)	AS A CONSEQUE	clio. L	Pascula	- Dis	ease		year	5
certificate shauld writing the ward irwarded ta the Ch ssed as a burial-tra naval, and in any		lost.		(c)	ING TO DEATH B	UT NOT RELATE	TO THE TERMINAL	DISEASE OR COND	T ON GIVEN IN P	ART 1(o)		
ns certifica te, writing farwardec e used as remaval, a	CERTIFICAT, ON	19a DATE OF O	PERATION		19b. COND TION WAS PERF		PERATION				20. AUTOPSY	? NO TV
NIR: This certificate, hould be failes. shauld be ustion, arrentition, arrentition, arrentition, arrentition, arrentition, arrentition, arrentition, arrentition.	MEDICAL CERT	21 o. EXTERNAL OF PRIMARY OF CAUSE OF DEATH	CONTRIBUTING [	HOUR A.	I INJURY Month, D M. M.	loy Year	21c. HOW INJURY (	OCCURRED (Enter n	oture of njury in	Port 3 or Part 2,		
TAN The th ge 4 yaur Page crem	ME	21d INJURY OCC	T WHILE TO	PLACE OF INJURY ( ctory, office buildin	ig, etc.)		21f. LOCATION Stree		City or 1		Caunty	State
xector Por Por Por Por Por Por Por Por Por P		22a. T	certify that I t sulted fram:	ook charge of t Natural cau		escribed abo ccident [],	ve, held on Aut Suicide,	tapsy [_], Homicide [	Inspection 💽	, Inquiry amined manner	, and in my	opinion .
ny, p eral be re RAL prio		ACTUAL SIGNATURE	Jan	ms.	Bal	(	M D AS	HIEF MEDICAL EXAM SSISTANT MEDICAL EPUTY MEDICAL EX	EXAMINER	22b. <b>DAT</b>	SIGNED	
necessary, p the funeral of smay be re O FUNERAL Health prior	00	EXAMINER'S NAME (Type)		G. BALL		NE OF CENTERS		DDRESS(Street, city	, tawn, or county		*	<del>-</del>
E . E . E .		BURIAL, CREMAT BERMOVAL (Speci BURIAL	<sup>(y)</sup> 7-	8-1968	Ft.	Linco	ln Cemete	ery	Bladens	burg 25b REGISTRAR S	. ,,	ote)
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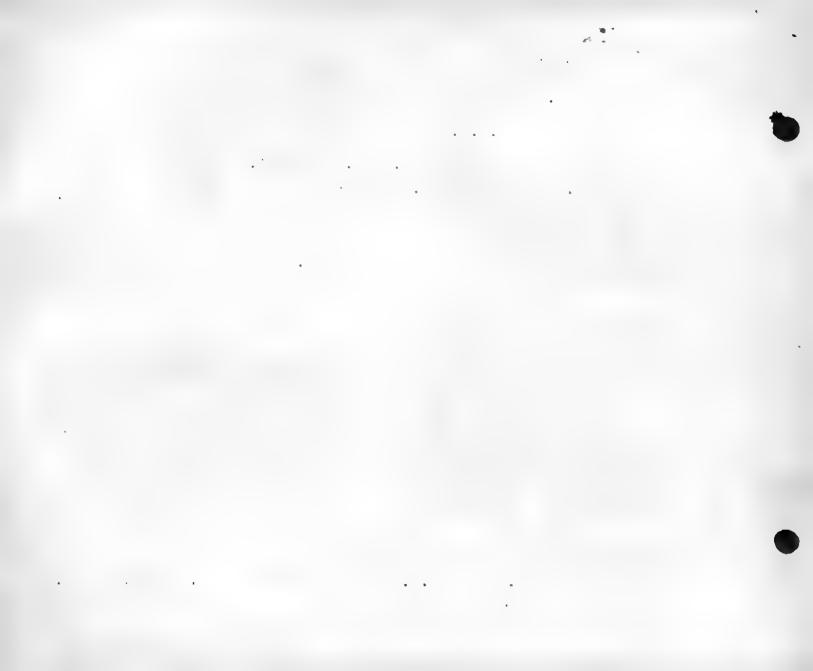
RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF CERTIFICATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 E. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) executed within 24 write RURAL and give nearest town) ety filled in b irs. Pages 1 a hours after o d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 hou completely 3. NAME OF Midd's DATE Last DECEASED DEATH (Type or print) 19 carbon AGE (In yours | IF UNDER 1 YEAR DATE OF BIRTH IF UNDER 24 HRS. 5. SEX and OR RACE 7/MARRIED NEVER MARRIED last\_birthday] Months any event, Ноштя WIDOWED DIVORCED physician please remove certifica 10a. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Ξ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending and Than law requires that the removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT physician. (Yas, no, or unkown) | (Ifyesgivewarordatesofservice) permit. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by ö ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) burial-transit DUE TO aftending peen Carcin oma (6) The state of gave rise to immediate cause burial, DUE TO (a), stating the underlying the cause last. THYSICIAN: ò After this certificate hospital PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY \$ Q CERTIFICATION PERFORMED? use prior NO detached for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.) Health OR CONTRIBUTING CAUSE OF DEATH be retained by ATTENDITO WEDICAL 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yaar ŏ factory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR State Dept. at work at work 19 p.m. ٩ 196. 21. 1 certify that (I) (the hopical) attended the deceased from.... Pinoys causes and on the date stated above ..... 19.6. ..., and that death occurred at M, from the saw the deceased alive on... OR Taay 22b. DATE 22a. SIGNATURE SIGNED TO FUNERAL director, page 3 be filed with the ATTENDING **MOSILIAL** PHYS. DIRECTOR PHY5. Page M.D. 22d. ADDRÉSS 22c. PHYSICIAN NAME (TYPE) death. 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City. (Stata) fown or county REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25Ь. REGISTRAR ADORESS VR A15 (4) 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 .0303 CERTIFICATE OF DEATH 2n. DATE OF DEATH 1. DECEASED NAME Lost 2b. HOUR executed within 24 hours after death (Type or print) Alice M. Naffziger Month 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF JNDER I YEAR White completely filled in by the a Female last, birthday) DAYS Sept. Lethave carbon papers Poges in:ony event, within 72 haurs aff 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Mountgomerv Towa U.S. WIDOWED A DIVORCED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired)
housekeeper INDUSTRY Kennsington 130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE D. C. 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY EIMITS? 13e STREET AND NUMBER Washington YES 🔯 5230 MacArthur Blvd.NW 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Middle Lost Isiah Thompson Alice F. Barnes burial, crematian, or removal, and 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address (If yes give wor or dates of service) Yes no or unknown) Marjory McBroom (same as 13e none APPROXIMATE INTERVAL IB CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: signed by the ottendi buriol-tronsit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave a rise ta immediate cause (a). Poge 4 may be retained by the hospital or attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20n. AUTOPSY? CAUSES OF DEATH? YES [ 210 ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical exominer) HOUR A.M. Month Doy Year 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No 21d INJURY OCCURRED City or Town County State While Not whire at work 220. I certify that (I) (this haspital) attended the deceased from Acros. 22, 1968, to Curry, 1968, that (I) (we) last saw the deceased alive on 1968, ond thot in (my) (our) apinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. ATTENDING Dent Pl., N.W. Wash, D.C. 200 Stephen Hulbert, M.D. NAME (Type) R. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Arlington National Cem. Arlington, Virginia 2So. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 [4] Ochanles DATE AUG 5 30M REV 1/68 Funeral Home, 2222 Wis. Ave. N.W.



0/ 00	7-29-68 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
- FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	304
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	tificate	physician and chen please remote favol, and in any			WAS DECEASED EVER IN U.S. ARMED FORCES?  Address STRINGFIELD, MD.  (If yes give wor or doles of service)  (If yes give wor or doles of service)  ROBERT H. NIEPOLD, SON, SIII COMMACK DR.,
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	OR ATI	e 3 sho			22b SIGNATURY ATTENDING MED STAFF 22c DATE SIGNED PHYS. DIRECTOR PHYS. 7/23/6F
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	TO HO	direct shoul	9	230.	BURIA_ (REMATION, REMOVED 236. NAME OF (REMETERY OR (REMATORY Parklawn Cemetery Rockville, Montgomery Co., Md.
	•	VR ALS N	15	24	FUNERAL DIRECTOR ADDRESS 2Sa REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
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by be Stat		22a. I certify that (I) (this hospital) attended the deceased from Alberta, 19 64, to 4 664 15, 19 65 saw the deceased alive an 4 664 27 19 68, and that in (my) (our) apinion death accurred an the date are	_, that (I) (we) last
TENE ined NR: A		causes stated above, (i) (we) (did) (did not) view the body after death.	id havr and fram the
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OR be 1		1 Comes Co Com Magree PHYS DIRECTOR DIPHYS DIRECTOR DIPHYS	28/68
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending to FUNIRAL DIRECTOR: After this certificate has been director, page 3 shauld be defached for use as the should be filed with the State Dept. of leafth prior to		22d. PHYSICIAN'S NAME (Type) James W. Egan, M.D. 22e. ADDRESS 5413 Cedar Lane, Bethesda, 1	Maryland
HOS 196 4 197 4 198 7 198	23a		iunty) (State)
F F 1.33	1		. Co., Md.
VR ATS (4)	24.	FUNESAL DIRECTOR CAWLER'S SONS. Inc. ADDRESS ON STATE OF THE SON STATE OF	TURE
30M REV 4 de	1	N.W., Wash., D.C., 20016 DATUL 31 1968 Charle	, Judge



MAKTLAND STATE DEPAKTMENT OF HEALTH





MAKYLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10312 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost First 20. DATE OF DEATH 2b HOUR (Type or print) offer dase remove carbon popers. Pages 1 and in ony event, within 72 haurs after 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years last birthday) MONTHS I DAYS MOURS requires that the deoth certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (State or fareign MARRIED NEVER MARRIED .= country' WIDOWED X DIVORCED [ KAONTROM filled 10 CITY OR TOWN OF DEATH 1 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 3d INSIDE CITY JANUES? 13e STREET AND NUMBER odmissian) STATE 13b COUNTY YES NO T puo 14 FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First ETHEL COEFIELD 160 WAS DECEASED EVER IN L.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address BLUD, ALLX, UK Yes, no, or unknown) [ [II] yes give wer or dates at service] Then plemover 825 WAYNEWOOL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEATH signed by the attendi buriol-transit permit, Condio- Revenulon Callerose IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) milastalie Renal Cold Consensona rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g AUTOPSY? CAUSES OF DEATH? YES TEL NO [ 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR ATTENDING PHYSICIAN OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County White Not while of work 22a. I certify that (1) (this hospital) attended the deceased from 110710, 1968, ta 02721, 1968, that (1) (we) last sow the deceased give on 1968, and that in (my) (our) apinion death accurred on the date and haur and from the couses stated above, (1) (we)-(did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING Bernard a DEGREE DIRECTOR 22e. ADDRESS EASTERN 22d. PHYSICIAN'S NAME (Type) REGNARD 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Rock Cheek Cemetery Washington. D.C. 24. Juneral Director, Sons, Inc., ADDRESS 5130 25o. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Wisc.Ave. Ochania 30M REV, 1/68 1968 N.W. Wash. D.C. 20016 DATE AUG 2



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME 2b. HOUR Middle Lost 2a. DATE OF DEATH death. 24 hours after death and (Type or print) 8:40% Lou Ostrom Marv 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS 6 AGE (In years last birthday) MONTHS HOURS Female White 10 April 1954 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED THE NEVER MARRIED [2] signed by the attending physician and completely filled in burial-transit permit. Then please remave carbon paper burial, crematian, or remaval, and in any event, within 72 Michigan USA WIDOWED DIVORCED Montgomery 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done within 12b KIND OF BUSINESS OR give street oddress)
The Clinical Center, NIH during most of working life, even if retired.) INDUSTRY 16 None Bethesda 130 JSUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER requires that the death certificate be executed Maryland 13b COUNTY Montgomery Gaithersburg YEX NO 203 Lee Street Middle 14 FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Harold Allen Ostrom Joyce 17 INFORMANTThe Medical Record 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) The Clinical Center, NIH, Bethesda, Maryland None APPROXIMATE NYFRVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. 2 months Pseudomonas Septicemia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) 11 months Acute Myelogenous Leukemia nse ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) **DEUNERAL DIRICTOR:** After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO X 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STRFET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at wark 22a 1 certify that (M (this haspital) attended the deceased from 12 May , 1968, to 5 July , 1968, that (A) (we) last saw the deceased alive an 5 July 1968, and that in (xay) (our) opinion death occurred on the date and hour and from the couses stated above, (X) (we) (did) (didXinot) view the body after death. 22b. SIGNATURE 22c DATE SIGNED MED DIRECTOR 6 July 1968 DEGREE 22e ADDRESS The Clinical Center, National 22d PHYSICIAN'S Robert E. Gallagher, M.D. Institutes of Health, Bethesda, Maryland 23a BUR, AL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23b DATE (County) (State) 2 3072-MST VR A15 (4) 30M REV. 1/68



## DECEASED NAME (Type or print) Male 7o. BIRTHPLACE (State or foreign country) Illeraine 14. FATHER'S NAME JAROSLAV

Yes, no, or unknown)

3. SEX

10 CITY OR TOWN OF DEATH Takoma Park 30 USUAL RESIDENCE (Where deceased lived, if institution Residence before odmission) STATE land

Conditions, if any, which gave)

rise ta immediate cause (a).

stating the underlying cause

21g. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

9n. DATE OF OPERATION

21d INJURY OCCURRED

While Not while of work

22b SIGNATURE

22d. PHYSICIAN S NAME (Type)

230 BURIAL, CREMATION, REMOVAL-Specify)

24 FUNERAL DIRECTOR

First

MYKOLA

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

4 RACE

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

above

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

Month Day Year

Stanley A.RADVAN-ZIEMNOWICZ, M. 22. ADDRESS

21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No

23c. NAME OF CEMETERY OR CREMATORY

Mt Olivet Cemetery

216, TIME OF INJURY

1968

Malley Funeral Home Mt. Rainier, Md.

HOUR A.M.

23b DATE

20a, AUTOPSY?

YES 🔲

ATTENDING PHYS.

(b) Diabetes mellitus with generalized

d cerebrovascular.coronary and peripheral arteriosclerosis

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) and cardiac asthma

NO [

21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)

MED DIRECTOR

25c. REC'D BY REGISTRAR

DATE JUL 2 2 1968

City or Town

CAUSES OF DEATH?

County

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING

22a. I **certify** that (I) (this hospital) ottended the deceased from 6.25, 19.68, to 7.16, 19.68, that (I) (we) last saw the deceased alite on 9.0 m. 7/16/19.68, and that in (my) (our) opinion death occurred on the date and haur and from the causes state(Jobove, II) (Me) (did) (did hardwise with body after death.

5 yrs.

Stote

(Stote)

9400 01d Georgetown Rd. Bethesda, Md. 23d LOCATION (City or Town) (County)

22c. DATE SIGNED

7.17.1968.

Washington D.C.
REGISTRAR 256 REGISTRARS SIGNATURE Ochanles In

requires that the death certificate be executed within 24 haurs after death. or permoval; burial, crematian or signed by the burial-transit p Page 4 may be retained by the hospital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept af Health priar to VR A15 (4)

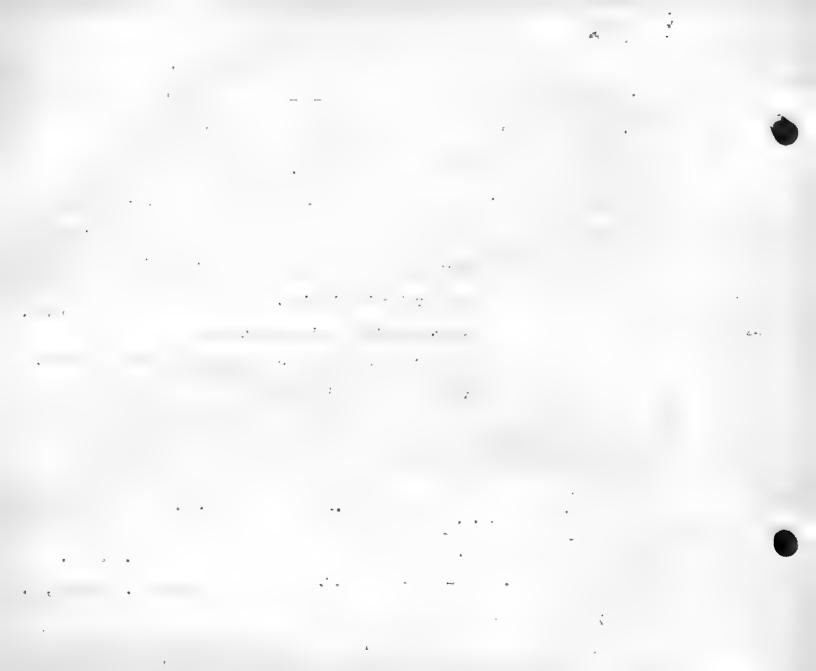
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and in any event, within

30M REV. 1/68







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11/			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
4			Item#4, FilmGliO3 7/31/68 km CERTIFICATE OF DEATH
/ + _ ~ #			CEASED-NAME First Middle Last 20 DATE OF DEATH 2b. HOUR.
death heral and 2 death		{1	ype or pnn) March Day Year Stuffer Day Year M
		3 SE	A RACE Negro S DATE OF BIRTH 6 AGE (P) FORTS S JOHN RELY THE S UNDER 24 HES LOST DATE OF BIRTH S LOST DATE OF BIRT
vithin 24 hours, after death		-	em 2 Le 1 21/1/11/19 3/18/03 60 YRS.
300		7/a E	IRTHPLACE (State at fate gn 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
in 24 hayr illed in by papers p			MICHAEL DIVORCED MICHAEL MICHA
nin 24 filled pape th:n 7		10 C	11 NAME OF HOSPITAL OR INSTITUTION (if not inhospital during post of work no life work done during post of work no life year of retired)
with ban with	* *	_	se the saa ou out an Homes tie sellate,
a comple	1/ "		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY UM TS? 13e STREET AND NUMBER SIGNAL 13b COUNTY YES NOT
e xecu	) .		ATHERS NAME First Middle Lost US MOTHERS MAIDEN NAME First Middle Lost
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ate b ician ician lease and i		16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT / / , 1/ 302 Address / 177
equires that the death certificate be physician. signed by the attending physician at burial-transit permit. Then please it burial, crematian, ar remayal, and in			es, no, ar unknown) (If yes give wor ar dates at service) (2000)
cert G ph			18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
ath if: idin			PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ACUTE MYELOGENOUS LEUKEMIA 3 MON-
de de utter			DUE TO, OR AS A CONSEQUENCE OF
t the the sit p			Conditions, if any, which gove )
hat n. ny t ans		1	ase to immediate cause (a), (a) (b) DUE TO, OR AS A CONSEQUENCE OF
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equires that the physician. signed by the burial-transit burial, cremat			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)
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endi s be as t		S	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The atter thas	,	CERTIFICATION	YES NO
AN: al or cate ar u		RE	216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 18.)
Signal Figure 1		MEDIC	(If either, natify medical examiner) P.M 19
OR ATTENDING PHYSICIAN: 'De ratained by the hospital or SIRECTOR: After this certificate e 3 shauld be detached far used with the State Dept. of Healt	-	Σ.	21d INJURY OCCURRED While 1 Not while 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
te D			ut work —
DIN by be Sto			220. I certify that (1) (this hospital) attended the deceased from 11/14 19, 1968, to JULY 16, 1968, that (1) (we) lost sow the deceased alive on JULY 16, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the
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HOS ge 4 Funi		23e	BUR AL CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State)
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		MARYLAND STATE DEPARTMENT OF HEALTH	
(1)		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	115
3 (IVI)		20303 CERTIFICATE OF DEATH	
- N-E		DECEASED-NAME First Middle Last Za. DATE OF DEATH	2b. HOURA
eo to	(	(Type or print) Nathan (NMN) Podolsky July 9 196	0 5-10 M
E - 3	3 5		
		lost birthday) MONTHS D	DAYS HOURS MAN
2	-	Male White January 1, 1893 75 YRS	
hou hou	rau	BIRTHPLACE (Stote or foreign 7b. CITYZEN OF WHAT COUNTRY? 8 MARRIED 1 9. COUNTY OF DEATH	
d iii		Russia America WIDOWED DIVORCED Montgomery  CITY OF TOWN OF DEATH  11 NAME OF HOSPITAL OF INSTITUTION (If not in hospital OF DEATH  120 IISNAM OF DEATH  130 IISNAM OF CUPAT ON TRUTH OF WAR CORP. 120 KINE	Md.
로 를 망년	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPAT ON Kind of work done 12b, KIND	D OF BUSINESS OR
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d v d v cark	13a	a USUAL RESIDENCE (Where deceased lived, it institution. Residence before 113c, CITY OR TOWN 5 13d INSIDE CITY LIMITS? 113e STREET AND NUMBER	
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9 =====================================		I IS. LAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)	VEEN ONSET AND GEATH
ath indi	i	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Corrective Heart Facher	Law
offermerm,		DUE TO OR AS A CONSEQUENCE OF	12
of the chartion matio		Conditions if any, which gove	ne
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s b or o	E.S.	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH?	IN CERTIFYING
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.		NAME (Type) 4 CHERI H-GROLL 4 Fil 1106 TINING SI 99	16.VER
HOS Gulfon	230	Bur AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County)	(sport RC
5g 5 # 2	14	DREMOVAL (Specify) 7-11-68 GEOLEAGH CEM. 1/4/ATTSVILLE	NA.
- E CK	24	4 FUNERAL DIRECTOR ADDRESS 200 1/ 250. RECISIRAR 256. REGISTRAR'S SIGNATURE	
30M REV	1	Soldher Them 1 1/2 7 9 det MU WAS L DE DATE UL I 5 1968 golianles 9	udge.



MAKTLANU STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a, DATE OF DEATH DECEASED-NAME First executed within 24 hours after death 8550 (Type or pant) IF UNDER 24 FIRE 3. SEX 4 RACE 6. AGE (In yeors iast birthday DAYS HOURS Il completely filled in by the mave corbon papers. Pages ny event, within 72 hours aft MONTHS UCASIAN 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED | NEVER MARRIED DIVORCED [ WIDOWED ( ACULAND 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR TO CITY OR FOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working ife even if retired I INDUSTRY 13e, STREET AND NUMBER 13g. USUAL RES DENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13b. COUNTY A 4612 MARY 14. FATHER'S NAME Middle IS, MOTHER'S MAIDEN NAME First requires that the death certificate be William Poffenbarger Marion Barnes 9009 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na, ar unknown) (If yes give war or dates of service) phy 705-10-2316 Mrs. Katherine Dagenhart. Rohrersville. Md ■ign■d by thm ■ttending phy ■■rial-fronsit permit. Then 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEAT PART 1. DEATH WAS CAUSED BY: 2 IMMEDIATE CAUSE (a cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has llenn the 19a. DATE OF OPERATION 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. SD CAUSES OF DEATH? YES 🗔 O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. the hospital Month Doy Year (If either, notify medical examiner) P.M 218. PLACE OF INJURY / AT HOME FARM, STREET FACTORY \1 21f LOCATION 21d. INJURY OCCURRED Street or R.F.D No. City or Town County State OFFICE BUILDING, ETC While Not while at work \$1, 19 W to 10 10 10 19 00, that (I) (we) last 22a. I certify that (I) (this hospital) altended the deceased from. NYLLY Page 4 may be retained by saw the deceased clive on the date and hour and from the causes stated above, (1) (we) (tid) (did (did on) view the body after death. 22b SIGNATURE 22c. DATÉ SIGNED MED. DIRECTOR STAFF PHYS. director, page 3 should be filed PHYS 22d PHYS CLAN & 22e ADDRESS 23d LOCAT ON TERY or Town 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b.-DATE BEEMDAYT (EbecitA) Rohrersville Cemetery Rohrersville, Wash 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25a REC'D BY REGISTRAR John H. Bast. Jr. 112 N. Main St. Boonsboro, Md DATALLG 1968



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE DE DEATH a. COUNTY b. COUNTY Mount Now York MARYLAND gomer c. CITY OR TOWN (If outside corporate limits, write RURAL and alive nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Brooklyn Bethesd Mos e. IS RESIDENCE d. STREET AOORESS bon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Share Blvd NO X 110 Load completely five carbon p executed within NAME OF Last DATE Month Middie First GF DEATH DECEASED Pollin event, Sam 19 68 (Type or print) AGE (In years | IF UNGER 1 YEAR HE UNGER 24 HRS. OATE OF BIRTH SEX 6. COLOR OR RACE emove 7. MARRIED NEVER MARRIED [ last birthday) | Months | Oays Hours I any and WIDOWED [ OIVORCED ۵ 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT = 19a. USUAL OCCUPATION (Give kind of work done, 10b, KINO OF BUSINESS OR COUNTRY? during most of working life, even if retired) INOUSTRY and U.S.A. RUSSIA Worker Laundry 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal WIKNOUCK Josel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes pive war or dates of service) | 01- 05-0814 Ь been signed by the att the burial-transit perm or to burial, cremation, o INTERVAL BETWEEN ONSET AND GEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] da PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **OUE TO** cause (a), stating the prior underlying cause last, (c) 35 PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? certificate NTIME YES T NO I 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING [ 6 OR CONTRIBUTING [] CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) MEDICAL 20c. TIME OF INJURY Month, Oay, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work at work ATTENDIN retained should 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: /
age 3 should
led with the and that death occurred at 800 AM, from the causes and on the date stated above. saw the deceased alive on TO HOSPITA.
Page 4 may be
TO FUNERL DIRECT.
Pototor, page 3 s 22b. OATE SIGNED 22a. SIGNATURE MEO. OIRECTOR M.D. AODRESS PHYSICIAN'S NAME (Type) (State LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) パリナん REC'D BY REGISTRAR FUNERAL OIRECTOR **AOORESS** VR A15 (4) 15M 4-64

An

1 1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Ooy Years 25 HOUR
	(Type or Print)  HOW KEE PONG  OF ESTI- DEATH MATED 7-16 19867
\$ 4 VE 1 5	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years 15 UNDER 1 YEAR F UNDER 24 HRS 20 DATE PROMOUNCED DEAD 224 HOUR
E E	Male Yellow Dec. 25, 1910 57: YRS MAN Month 7 Doy 16 Yeor 168 6:45pm
2, P. Po	TO BIRTHPLACE (Stole or foreign To CITIZEN OF WHAT COUNTRY? 8. MARRIED   9 COUNTY OF DEATH
form form te De	China USA WIDOWED DIVORCED Montgomery
	10 CITY OR TOWN OF DEATH  11 NAME OF HOSP TAL OR INSTITUT ON (f not in haspital lize USUAL OCCUPATION (K not of work done lizb KIND OF BUSINESS OR during most of working life, even if retired.) NOUSTRY
hours ofter death liem 18. Give Pag Office along with 1 and 2 with the Sta ofter death.	Takoma Park, Mash San & Hosp. Restaurant Operator
s offers (18. Girls of or of	13a USUAL RESIDENCE (Where deceased lived, if 'institution, Residence before 3c (ITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b (OUNTY P. C. C. O. Hypertic Very No. 13b (OUNTY P. C. C. O
r de c	7 CA . M. 1.02003 ILYACUS., 15 10 900 OHILIUH RO.
hours Item 1 Office 1 ond 2	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
24 S S S	Hong Lee Unknown  160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
	(Yes No or Jinknawn) (Hyes give war or dates of service) Alfred Pong - Son Same as #13
d will in pli Exar File in 72	A APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSED BY.
perduser manager bereiter bestehn bereiter bestehn bereiter bestehn best	1990 IMMEDIATE CAUSE (a)  DUE TO, ORAS A CONSEQUENCE OF
0 5 1	Conditions, if any, which gave
	rise to immediate cause (a).  Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
should he word to the Cl bural-tn d in any	last (c) and Internal Orcinal
# T= 0 E	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SIVEN IN PART I(a)
	I D. DATE OF ORGANION CONTINUE FOR MULICUL ORGANION
	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO. NO. NO. AUTOPSY?
a a a a	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of njury or Port 1 or Part 2, Item 1B.)
# p = 4 %	
INE short	21d INJURY OCCURRED 12 e PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. (1 ty or Tawn County State
EXAMINER: tute the certifuge 4 should your files :Poge 3 should.; cremotion,	WHILE WORK AT WORK AT WORK factory, office building, etc.]
<u> </u>	22a   certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry and in my apinion
ICAL I	death resulted fram. Natural causes . Accident . Suicide . Hamicide . Undetermined manner
please (directa retained or to bu	CHIEF MEDICAL EXAMINER
	SIGNATURE ACCURACY ASSISTANT MEDICAL EXAM. NER 22b. DATE SIGNED
Cassary, per funeral may be refuneral offth prior	EXAMINER'S TO COLOR OF THE PROPERTY OF THE PRO
ro DEPUTY necassary, the funerol 5 moy be i 0 FUNERAL Health prid	NAME (Type 20   DDRESMETTER) OF CREMATORY 1230 BJRIAL, CREMATORY 1230 LOCATION (CHAPT TOWN) (COUNTY) (Store)
£ 3.5 /	REMOVAL (Specify)
End y	Burial 7-21-1968 George Wash, Memo, Cem. Hyattsville, Maryland  24 FUNERAL DIRECTOR 250. RECID BY REGISTRAR 255 REGISTRAR'S SIGNATURE
VR A15ME (5) OM REV 1/68	Lee Funeral Home-300 4th St. NE Wash. DC DATA UL 2 2 1968 Clores Judge



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<b>HEALTH</b>	DEPT.	Ī	DECEASED NAME	First		Middle	è	Last		20 DATE KN		Doy Yeor	2b. H60R
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C == ==	pages	16		ER IN U.S. ARMED FO		16b SOCIAL SECU	RITY NO.	7. INFORMANT			ADDRESS	<u> </u>	
within penal pamine	ile p 72 h	L	(Yes, na, ar unknov	VII) (It yes give w	ar or dates of service)			Father		Same			
	. E	Г	18 CAUSE OF	DEATH (Enter only	one couse per	ne for (a), (b), ar	nd (c).)					APPROXIMAT BETWEEN ONSE	E INFERVA. T AND DEATH
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		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1723
		CERTIFICATE OF DEATH	
£ 1 =		CEASED NAME First Middle Lost 2a DATE OF DEATH  YPE or print) TO 1/2 Day  Month Day	2b HOUR
dear uneral l and r death	Į,	YPE OF PRIVOTT JUSTY Day	1968 /- PM
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	10. (		26 KIND OF BUSINESS OR NOUSTRY
requires that the death certificate be executed within g physician.  I signed by the attending physician and campletely fill, a burial-transit permit. Then please remove carban partial, crematian, or remaval, and in any event, within a burial.		USUAL RESIDENCE (Whose deceosed I'ved, if institution, Residence Defore Solver Spains)  136 COUNTY MONT.  136 COUNTY MONT.  137 COUNTY MONT.  137 COUNTY MONT.  138 COUNTY MONT.  138 COUNTY MONT.	7
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ar a		2 to. ACCIDENT WAS UNDERLYING   216 TIME OF INJURY   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Stem   1 or Contra Butting   CAUSE OF DEATH   HOUR A.M. Manith Day Year	18.)
<b>ご</b> 意電って	MEDICAL	(If either, natify medical examiner) P.M. 19	
DING PHYSIC by the haspi After this cert be detached State Dept. o	W	While Nat while at wark	aunty State
by the fifter per State		220. I certify that (I) (this haspital) attended the deceased from	Z, that (I) (we) last
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OR ATTEN be retained DIRECTOR: / je 3 shauld ed with the	П	22h SIGNATIBE 72r. DATE	SIGNED
OR be red weed w	1	Jenaslack M. Lidegree ATTENDING DIRECTOR DISTAFF DI 7-	5.68
May SAL   Page be fill		22d; PHYSICIAN'S NAME (Type) G. F. SENGSTACK 22e ADDRESS 4/ Col Block Sil	Spa mel.
HOSP Page 4   D FUNE director	23 q		County) (State)
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VR ATEM 30M REV 1/68	24.	EUNERAL DIRECTOR Plantes Com School Fire Jan 250 RECISTRAR 256 REGISTRAR 5 SIGN	Judge .



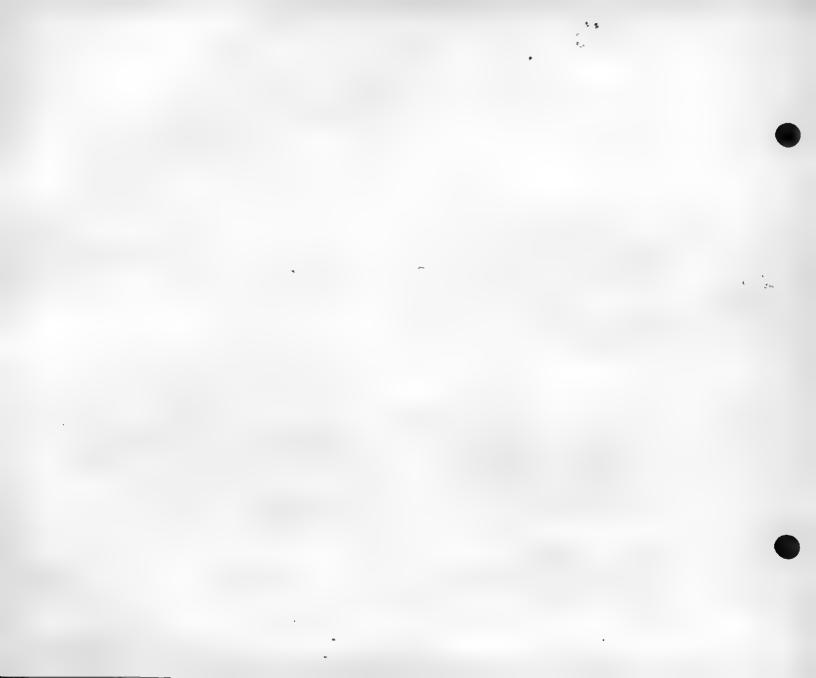
y - 1,	10218		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		: 124
- 22	DECEASED NAME First	Middle	Lost	2a DATE OF DEATH	2b. HOUR
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	3. SEX	4 RACE	S DATE OF BIRTH	July 27	1968 12:306 IF UNDER 1 YEAR   IF UNDER 24 HRS.
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iificate hysician pleas val, and	16a WAS DECEASED EVER IN U.S. AR Yes, na, ar unknawn)   (It yes give	MED FORCES? voi or dailes of service)  Yes	NO. 17 INFORMANT H Chas	se Jr 8562 Address	man DR
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aftenge 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by, the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages shauld be tiled with the State Dept. at Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after the state Dept. at Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after the state Dept.	PART I DEATH WAS CAUSE	If y one couse per line for (a), (b) and (c) D BY, ATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	tre face	Ma	APPROXIMATE INTERVAL BETWEEN ONSET AND OCATH
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PHYS he has this ce letache e Dept.	21d IN. JRY OCCURRED 21e White Not white at work	PLACE OF INJURY (AT HOME, FARM, STREET, F) OFFICE BUILDING, ETC.	ACTORY.) 21f LOCATION Street or R.F.D. No	10 7/2/10	County State
OR ATTENDING PHYSICIAN: De retained by the haspital or NRECTOR: After this certificate 3 should be detached far the ed with the State Dept. af Hea	220 i certify that (I) (the saw the deceased of	is hospital) attended to e deceas	19 60, and that in (my) (our) ap	inian death occurred on the dat	, that (I) (we) last te and haur and from the
A ATTE retaind ECTOR 3 shou	22b SIGNATURE	a, (I) (we) (did) (did not) view the	A .	MED. STAFF 220	ATE SIGNED
AL OR AL DIR AL DIR Page 3 filed	22d. PHYSICIAN'S	10 mgs	22e. ADDRESS	DIRECTOR L. PHYS. L.	121/50
SPIT 4 m ar, ar,	NAME (Type) JAY SI	IAPIRO	8218 Wisc.	Ave. Bethesda,	Maryland
TO HOSPITAL Page 4 may TO FUNERAL I director, page shauld be fill	230. BUR AL, (REMATION, 23b. REMOVAL (Specify) BUIT 1.41	DATE 23c. NAME OF Balt	CEMETERY OR CREMATORY  Nat Cemetery	23d. LOCATION (City or Town)  Baltimore	(County) (State)
VR A15 (4) (30M REV ) /68			consin Ave 250. RECO	BY REGISTRAR 2Sb REGISTRAR'S	SIGNATURE
P				2 1000	Y.A.—.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18315 10325 CERTIFICATE OF DEATH DECEASED-NAME Last 2a. DATE OF DEATH First Middle 2b HOUR and 2 deoth. (Type or print) Manth **JOHN** DIGGES REEVES 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF LINDER I YEAR E JINDER 24 HRS. last hirthday) Cauc. Dec. 7, 1921 Male 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Washington, D.C. Montgomery U. S. WIDOWED [ DIVORCED 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address)
1387 Kimblewick Road during most of working life, even if ret red)
Candy Broker requires that the deoth certificate be executed within remove corbon Rockville I3a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 13b, COUNTY MONTGOMERY 13e STREET AND NUMBER 13c. CITY OR TOWN 13d INSIDE CITY JMITS? YES-1387 Kimblewick Road Rockville 14. FATHER'S NAME First IS MOTHER'S MAIDEN NAME First Middle Last Edward Reeves Ellen Haslan Same as Item 13. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Wife Yes, no, ar unknawn) 577-22-2189 Wanda V. Reeves APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) )/ PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave ) nse ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause buriol-# last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO T O FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH Manth Day Year HOUR A.M. (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town State County While Nat while at wark 22a. I certify that (!) (this hospital), attended the deceased fram , 1967, to 1967, to 1967, that (!) (we) last saw the deceased alive an 1967, and that in (my) (eur) opinion death occurred on the date and haur and from the causes stated above, (1) (welland) (did not) view the body after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE 3848 Porter Street. 22d PHYSICIAN'S 22e. ADDRESS DeWitt DeLawter NAME (Type) Washington. 23d LOCAT ON (City or Town) 23a BURIAL, CREMAT ON 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) Parklawn Cemetery Rockville, Maryland 7-8-68 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 ROBERT A. PUMPHREY, Bethesda, Maryland



1 Junior	Ite	ams 18&22a Film 403 MARYLAND STATE DEPARTMENT OF HEALTH 19-68 ams Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	326
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED NAME First Middle Last 2a DATE KNOWN Month Oc OF ESTI-	1040
* FINT		Wien (Nove) Register DEATH MATED 1-4	9 1960 AM
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hin 24 ncil in niner's poges 1 hours	160	Unknown WAS DECEASED EVEN IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 73 PAPER ST. Lensi	1- 2
be executed within 24 hours after death "pending" is pending in pendil in Item 18 G ve Pages 1, lief Medical Examiner's Office along with form insit perant. He pages land 2 with the State De event within 72 hours after death.	()	(65, 10, or unknown) (65 yes go war or dottes of separce)  100 solid stocking or unknown)  101 yes go war or dottes of separce)  102 solid stocking or unknown)  103 solid stocking or unknown)  104 yes go war or dottes of separce)  105 solid stocking or unknown)	de Drive
P. # _ F =		18. CAUSE OF DEATH (finier only one cause per line for (d), (b) and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
digital Establishment		PART I DEATH WAS (AUSED BY IMM[DIATE CAUSE (0) Acute bronchopneumonia associated with	
be exeru "pendipeg nief Medy ansit pexe event wil		DUE TO, OR AS A CONSEQUENCE OF	
d 'ped ''p Chie Chie rrams		rse to immed ofe cause (a).  (b) marked pulmonary emphysema and  DUE TO, OR AS A CONSEQUENCE OF	
INER: This certificate should be exerce certificate, writing the word "pendip should be forwarded to the Chief Med files.  3 should be used as a buriol-transit per cation, or removal, and in any event w		stoting the underlying couse   DUE TO, OR AS A CONSEQUENCE OF arteriosclerotic heart disease.	
is certificate shate, writing the vector forwarded to the used os o bur removal, and in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ficat ring rided os c	-		
certr writt orwal used mova	CERTIF CATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 ALTOPSY?
This ficate, be for d be cor rer	ERTIF	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES NO
NER: This certificate, hauld be fer alles. should be attached to the stranger of the stranger	ਤੋਂ	PRIMARY OR CONTRIBUTING HOUR A.M	10-1
INER e cer shaul files. 3 sho natiar	WED		County State
EXAMINER: ute the certifuge 4 shauld your files. Page 3 should, crematian,		WHILE MOT WHILE factory, affice building, etc.)	
		22a. I certify that I taak charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X.	and in my apin an
		death resulted fram: Natural causes 🔼 , Acadent 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌	}
TY SIC.  y, please e rad director er et onned the cretor prior to but		ACTUAL 3 26 6 CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF CHI	NIPP.
Pri pri		SIGNATURE ASSISTANT MEDICAL EXAMINER	901010
necessory, p the funeral 5 may be re 10 FUNERAL Health prio		NAME (Type) BELDEN R. READ M.D. ADDRESYSTED OF COUNTY)	1,1768
TO F	230		ounty) (State)
0 4	B	urial July 31, 1968 Cedar Hill Brosnockeron Suitland, Marylan	
13	24	FUNERAL DIRECTOR." Lecture. 8434 (APDRISAGIA Ave. 250 RECID BY REGISTRAR 256 REGISTRAR S SIG	



		MARTIAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	109/
FOR STATE		# MEDICAL EXAMINER'S CERTIFICATE OF DEATH	~ ·
HEALTH DEPT.		ECEASED NAME First Middle Lost 2a DATE KNOWN Month	Day Year 2b HOUR
lay is 13 ta Page ent of	'	CLEMENT JORDEN REYNOLDS JR. DEATH MATED 7	15 1,68 (9 m
ny delay 2, snd 3 PM3 Pag	3 5	last burnday) MONTHS DAYS HOURS Min 66 and	Year CO CO
ny del 2, ond 2, ond 2, ond 2, ond 2, ond 3			Yeor 1968 9 A-M
- # [ A ]		BIRTHPLACE (State or foreign   7b (ITIZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARRIED   9 COUNTY OF DEATH    VIDOWED   DIVORCED   Montgomery	Md.
fer death Give Pages ang with far th the Stdte.	10. (		25 K ND OF BUS NESS OR
r de live figure fine fine		ilver Spring, Md. give street oddress) during most of working life, every retired) a car dealer - Managek	car sales
hours after death tem 18. Give Pag Office along with 1 and 2 with the State after death.	130	USLA. RESIDENCE (Where deceosed lived, if institution Residence before 13c. CTY OR TOWN 13d INSTECTIVE UNITS? 13e STREET AND NUMBER of Sign Mary land 13b CO_NTY Sil.S rg. YES ☑ NO ☐ 13203 Kara Lan	o Sil Sara
hours of Item 18. Office als Tand 2 wi	-	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost
		Clement Jorden Reynodls Sr. Julia Frances	Jacobs
ncil in ncil in niner's noges hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  165 TO, OF UNKNOWN)  17 INFORMANT  ADDRESS  18 TO, OF UNKNOWN)  18 TO ADDRESS	
within pencil xonine xonine 1.e pag	( )	wife Alice 13203 Kara Lane Sil.	
shauld be executed a ward "pending as if the Chief Medical Curial-transit permit. Fin any event within		18. CAUSE OF DEATH (Enter only one couse per tine for (t) (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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shau a tha in a		last. (c)	
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s certification with forward to used emaya	CERTIFICATION	WAS PERFORMED?	YES NO
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ICAL EXAMINER:  e execute the cert tar. Page 4 shaul ed far yaur files. CTOR: Page 3 shau burial, crematian,	¥	21d INJURY OCCURRED  21e PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21d INJURY OCCURRED  21e PLACE OF INJURY (At home, form, street, foctory, office building, etc.)	Joles Joles
bical EXAM blease execute the director. Page 4 etained for your DIRECTOR: Page ir to buriol, crem		AT WORK I AT WORK IN THE THINKER RICHARD SHELL THE	- TILL MA
ICAL E executor. Payed for CTOR: E burial,		22a   certify that   took charge of the rema ns described obove, held an Autopsy , Inspection Inquiry , death resulted from Natural causes , Accident Suicide , Hamicide Undetermined manner	ond in his pinion
please e I director retained . DIRECT		death resulted from Natural causes , Academy Suicide , Hamicide , Undetermined manner (	
· · · · · · · ·		SIGNATURE SIGNATURE ACTUAL EXAMINER 226 DATE SI	GNED
DEPUTY ecessary, p ne funeral s may be re FUNERAL I		EXAMINER'S D. DEPUTY MEDICAL EXAMPLER	15 1910
TO DEPUTY necessary, the funero 5 may be TO FUNERA Health pr	- 60	NAME (Type) 12/2/2/2/ / CTT / ADDRESS (49) Any Copyright county)	100
5 = + 2 5 -	230	B_RIA_, (REMATION, 23b DATE 23c NAME OF TEMPTERY OR (REMATORY 23d LOCATION LAW or Town) (	(County) (State)
2	24	Surial July 18, 1968 Gate of Neaven Cemetery Silver Praina Ma FUNERAL DIRECTOR JULY 8434 GROBERTA VENUE 250 REGISTRAR 256 REGISTRARS S	autand GNATURE
VR A15ME (5)	Va	rner E. Pumphrey, Inc. Silver Spring Md. 19 1968 Clearle	



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 32 CERTIFICATE OF DEATH DECEASED-NAME First M ddle Lost 20. DATE OF DEATH 2b. HOUR and 2 death. hours after death (Type or print) unerol Month Dov Yeor 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In Geors IP UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) ZVAO ZHTHOM HOURS 10 YRS 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country. WIDOWED DIVORCED be executed within 24 filled and in ony event, within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR completely fil give-stillegt oddress) during most of working life, even if retired.) INDUSTRY 130 WIFE 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 3d. NSIDE CITY LUMITS? 3e STREET AND NUMBER NO 14 FATHER'S NAME Middle Middle 15 MOTHER'S MAIDEN NAME First and Lost CORGO anysicion/ Tricate 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no, or unknown) signed by the attending thysi buriol-transit permit. Then buriol, cremation, or removol, 50 18. CAUSE OF DEATH (Enter only one couse per for (o), (b), and (c).) requires that the death PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF storing the underlying couse lost. PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior to how been CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERAT ON WAS PERFORMED. 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? TENDING PHYSICIAN: The NO IT YES [ TO FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached for use should be filed with the State Dept. of Health 210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy P.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME FARM, STREET FACTORY ) 21 F LOCATION Street or R.F.D No Stote City or Town County While Not while of work 22a I certify that (1) (this hospital) attended the deceased from. 19 68, and that in (my) (our) apiman death occurred an the date and havr and from the saw the deceased alive anbe refoined causes stated above, (1) (was (did ) (did nat) view the bady after death 22b, SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS PHYS 22d. PHYS CHAN'S 22e ADDRESS NAME (Type) MICHEL HEALY Cedar Bethesda Lane. BURIAL, CREMATION Cemetery Washington 23c NAME OF CEMETERY OF CREMATERY
Prospect Hill (Stote) RIVED TALLS BELLY) 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Pumphrey 3557 Wisconsin Ave. VR A15 (4) 1968 Ochanle 30M REV 1/68





	1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
The second second			CERTIFICATE OF DEATH	
F		1 DI	ECEASED-NAME First Middle Jot 20 DATE OF DEATH 2b HOUR	_
X	deoth deoth		Type or print) Robert C. Roy 7 Manth Day Years 79	M
(1)	i i	3. SE	EX 4. RACE S. DAT OF BIRTH 6 AGE (In years I FUNDER 14 HE	5.
	offer setter		//ae Caucasian 9-17-76 lost birthday) YRS 9 19 HOURS MIN	4
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	in Bright	10. 0	(ITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR, INSTITUTION (fingt or hospital) 12a USUAL OCCUPATION (kind of work done) 12b, KIND OF BUSINESS OR  give street oddress) 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	icate be executed withinsizion and completely fiplease remove corbant, and in any event, within	(C)	nevy chase \$100 Jones with affice un Dentist Denvist	,
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	ond rem	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost	
	e be	160	WAS DECEASED EVER IN US ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address	_
	requires that the deoth certificate be executed within 24 trouts g physician.  In signed by the ottending physician and completely filled in by the burial-transit permit. Then please remove carbon papers burial, cremation, or removal, and in any event, within 72 hours.		WAS DECEASED EVER IN J. S. ARMED FORCES?  Yes, no, or unknown 1. Tyes give wor or dores of service)  16b. SOCIAL SECURITY NO. 17 INFORMANT  Address  Address	4
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	PITA moy ERAL		UNAME (Type) JOHA B. UMHAU 8805 (ONN. ARE. Ch. Ch. 11/1)	
	HOSPITA  Be 4 moy  UNERAL  ectar, po	230	BUR AL, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)	=
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the haspital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, steen	230 B	o to one of the order	=
	TO HOSPITA Poge 4 moy TO FUNERAL director, pogetocological	В	BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY PITTS BURGH, PENNA (Stote)	=



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost 2n DATE OF DEATH DECEASED-NAME First Middle executed within 24 hours after death (Type or print) William Sadden 4. RACE 5. DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS 3. SEX 6. AGE (in years lost birthday) DAYS HOURS White 09-27-1881 Malle 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED TO NEVER MARRIED country Fenton, Mass. Montgomery U.S. DIVORCED [ WIDOWED [ filled 11 NAME OF HOSPITAL OR INSTITUTION (If por in hospital 12a. USUAL OCCUPATION (Kind of work done 2b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working ite, even if et red) INDUSTRY carbon .S. Gov. Silver Spring Hamp. Ave. 13c. CITY OR TOWN 13d INSIDE CITY LIM TS? 13e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before Maryland 13b COUNTY YES 3 Adelphi NO 🗆 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle First Middle Lost Last Lydia Sadden requires that the death certificate be Charles ond 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Nursing Home Records 12325 N. Hamp. Ave. S. APPOX MATE INTERVAL BETWEEN ONSET AND ORATE 215-48-1981-1 burial, cremation, or remayal, CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gave nse ta mmediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to b hos been 206 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [ NO IT ed for use of Health p FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M Manth Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED 21a. PLACE OF INJURY City or Town County director, page 3 should be detache should be filed with the State Dept While Not while 220. I certify that (I) (this hospital) attended the deceased fromsow the deceosed olive on 1968, one that couses stated above, (i) (we) (did) (vid not) view the body ofter death. , one that in (my) (our) opinion death occurred on the date and hour and from the sow the deceosed olive on\_ 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS. 22e ADDRESS 22d. PHYSICIANS NAME (Type) OF CEMETERY OF FREMANORY 230 DOPAL, CREMATION 0 2Sb. REGISTRAR'S SIGNATURE 25g. REC'D DY REG STRAR 1968 30M REV 1 /68



	MARYLAND STATE DEPARTMENT OF HEALTH
The same of the sa	Division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201 1 1 3 3
1/3	tem 5 Film GhOLCERTIFICATE OF DEATH
4 120	
<b>一</b> 有	1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR.
/ 120 S/E 3	(Type or print) Florence Vernie Dager July 22 1966 B PM
0 (1) 520	3 SEX 4 RACF S. DATE OF BIRTH 6 6. AGD (In years   SEARCH   IF UNDER 24 HRS
C TENTON	( loct hirthday)   MOUTHS   DAYS   HOURS   MIN
<b>ライドが名を</b> 1010年 1010	T-Title -
VS TEX	70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
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のできるまで	10 CITY OR TOWNOF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital USUAL OCCUPATION (Kind at work done 720 KIND OF BUSINESS OR
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作	TAKOMA PARK WASH, San + HOSD. HORDON Real Estate
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Medical March Medical	ot work of work of work of the standard of the desired from the standard from the standard of
Seas	22a. I certify that (I) (this haspital) attended the deceased from 30, 1957 ta 1 Willy 22, 1965; that (I) (we) last saw the deceased-alive on the date and haur and from the
N N S S P P P	causes stated abave, (1) (we) (did) (did not) view the bady after death.
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13 2 - W.	Maintain Direction C. Glen Carte 8434ADORED raia Hue. 250. RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE
VR A15 143	Warner E. Pumphrey, Inc. Silver Spring Md DATE JUL 29 1988 Acharles Judge.
	Delver Drang III



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10334 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR death. The low requires that the death certificate be executed within 24 haurs after death. oges 1 and 2 (Type or pnnt) Month Doy Year Emmanuel Sapourn 9 € 34pM July 68 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years F JNOER ! YEAR IF UNDER 24 HRS. lost birthday) MONTHS F QAYS 414184 Y85 Male White 70. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TX NEVER MARRIED country) physicion and completely filled in DIVORCED [ WIDOWED [ Greece U.S.A Montgomery 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPAT ON (Kind of work done 126, KIND OF BUSINESS OR give street oddress). Holy during most of working life, even if refired)
Dry cleaning business INDHSTRY remove corbon ond in ony event, with Silver Spring Cross Hosp. 30. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Montgomery YES NO F 2317 Blueridge Ave. Wheaton 14 FATHERS NAME First Middle Lost IS MOTHER'S MAIDEN NAME First M.ddle James Sapourn Helen Wife. J60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) 2317 Blueridge Ave. Katherine Whtn. Md 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) offe DUE TO, OR AS A CONSEQUENCE OF montros signed by the burial-transit Conditions, if only, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF cre Page 4 may be retained by the hospital or attending physician. stating the underlying couse buriol, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED SO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the prior to 190. DATE OF OPERATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDIT ON FOR WHICH OPERATION WAS PERFORMED 20g. AHTOPSY? CAUSES OF DEATH? YES [ ed for use of Health p 210. ACCIDENT WAS UNDERLYING 21b T.ME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. the Stote Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram. and that in (my) (our) opinion death accurred on the date and have and from the saw the deceased plive on. couses stoted above. (1) (we) (did)/did not) view the bady after deoth with 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF filed DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e ADDRESS director, po should be f NAME (Type) 230 BURAL CREMATION. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE (County REMOVAL (Specify) FUNERAL DIRECTOR RECD BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 1968 30M REV. 1/48

MARYLAND STATE DEPARTMENT OF HEALTH





10		MARYLAND STATE DEPARTMENT OF HEALTH	
TU (BA)		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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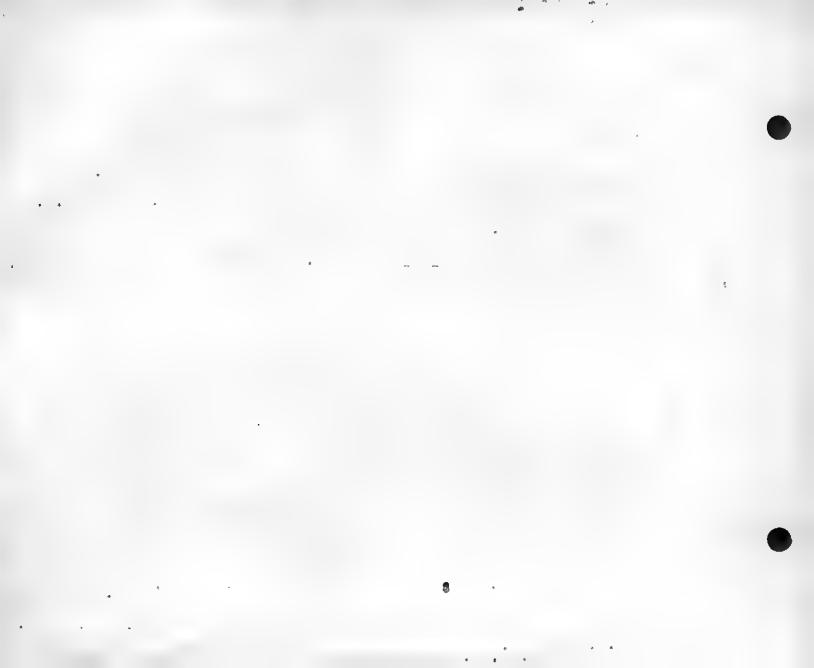


				MARYLAND STATE DEPARTMENT OF HEALTH
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	Selection of the select			couses stated above, (I) (we) (did) (did not) view the body ofter death.
	reta FCT Styles	- 1		226 SIGNATURE ATTENDING MED STAFF 22c. DATE SIGNED
	be re DIRE			INDUSTRIES PHYS. DIRECTOR PHYS   // 62/68
	O HOSPITAL Poge 4 may O FUNERAL director, pag should be fil		•	22d. PHYSICIAN'S NAME (Type) / Myron C. Lenkin 2309 Shorefield I'd, Wheaton, I'd.
	UNE 4 Place of the solid		23o	BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
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MARYLAND STATE DEPARIMENT OF HEALTH





		MAKYLAND STATE DEPARTMENT OF HEALTH
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ding	N	ANY OF OND THE CONDITION OF AUTOLOGY OF AU
o le	IS.	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
a to de set	CERTIFICATION	LEZ NO
ate of lea		210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
the state of the s	P,C	(If either, notify medical examiner) P.M. 19
YSI nosp the	星	21d INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f, LOCATION Street or R.F.D. No. Gity or Town County Stote
ATENDING PHYSICIAN etained by the hospital of the CTOR. After this certifical shauld be detached for vith the State Dept. of He		White Not while of work OFFICE BUILDING, ETC.
NG T T T T T T T T T T T T T T T T T T T		22a. I certify that (I) (this haspital) attended the deceased from 5/1/, 1968, ta 1/15, 1968, that (I) (we) last
<b>10</b> 4 4 5 5 5	ш	22a. I certify that (I) (this haspital) extended the deceased from 5 / / , 1968, ta //3, 1968, that (I) (we) last saw the deceased alive an
A State	ш	cauşes stated abave, (I) (we) (did) (did nat) view the bady after death.
AT AT Short		22c DATE SIGNED
OR be re	Ш	DEGREE PHYS DIRECTOR
a de		22d. PHYSICIAN'S 22e. ADDRESS
RA mag		NAME (Type) Samuel DESSOFFMD. 1302 18+2 St. N.W Was Hington,
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificated executed within 24 haurs after death.  Page 4 may be retained by the hospital ar attelliging physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then pages remove carbon papers. Pages I and 2 shauld be filled with the State Dept. of Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after death.	220	BUR AL, CREMATION, 23b DATE , 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
Specific Company of the Company of t	230.	PFMOVA (Specify)
5 5 ()	24	EMERAL DIPETOR ADDRESS OF DECISION OF DESIGNATION CONSTITUTE
VR ALLEGE	P	EMPERAL DIRECTOR Danzansky \$5005 3504-1415 ST. N.W. 250. REGISTRAR 25b REGISTRAR'S SIGNATURE 3504-1415 ST. N.W. DATUL 1 8 1968 Charles Queen
30M RE 11 088		Washington, D.C. DATE L 10 1000 Comes lugge

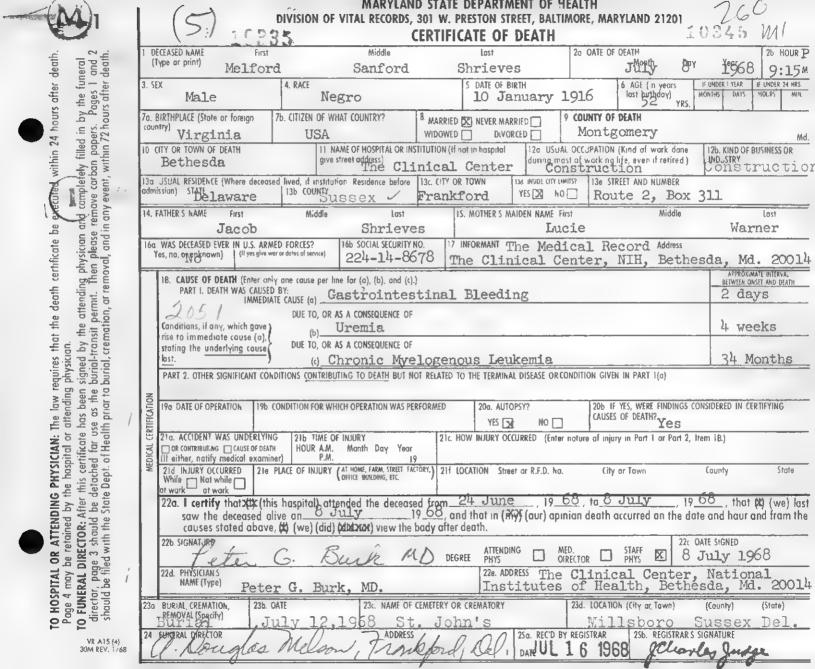


					STATE DEPAR					
		46339	DIVISION OF VIT	TAL RECORDS, 30			IMORE, MARYLA	ND 21201	1075	2
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3	SEX		4. RACE	_	S DATE O		6. /	GE (In years st birthdoy)		UNDER 24 HPS. OURS MIN
L		FEMALE	WHIT	E	J	uly 22.	1968	- YRS.	_   _	3.5
7	o Bl	RTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT		MARRIED   NEVER	MARRIED 🔀	9 COUNTY OF DEA	TH	,	
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L	~_	SILVER	HO	LV CROSS	HOSPITAL	4				
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F	M E	THER S NAME FIRST	Middle	I GOMEKY I	UHEATON IS MOTHER	'S MAIDEN NAME F		Middle		Lost
	1% C/	. 3		1 5010	A IS. MOTHER		MOITH	Ann	HAM	
ŀ	160	WAS DECEASED EVER IN U.S. AF	S Kona	SOCIAL SECURITY NO.	17 INFORMAN		MUIN	Address		
	Ye	s, no, or unknown) (fyes give	war or dates of service)	-	FATHE		31		KER AVE	MD
F	T	18 CAUSE OF DEATH (Enter of	only one couse per line for	or (o), (b), and (c).)	- /				APPROX MATE BETWEEN ONSET	INTERVAL AND GEATH
		18 CAUSE OF DEATH (Enter of PART 1, DEATH WAS CAUS IMMED	ED BY:	Ities C	ergen la	I lenda	wli			
		7-74	DUE TO, OR AS A		0					
		Conditions, if ony, which gove	n . D	accaleur	ti					
		rise to immediate couse (o), stating the underlying couse	DUC 70 00 40 4		7					
		lost.	(t)							
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	RTIFI					S NO				
		210. ACCIDENT WAS UNDERLY	ING 215 TIME OF IN.  ATH HOUR A.M. A	IURY Nonth Doy Year	21c HOW INJURY	Y OCCURRED (Ente	er noture of injury in	Port 1 or Port 2, It	tem 18 }	
	MEDICAL	or contributing cause of de (If either, notify medical exam	niner) P.M.	19						
	W.	21d. INSURY OCCURRED 21 While Not while	e PLACE OF INJURY (AT	HOME, FARM, STREET, FACTORY ICE BUILDING, ETC.	21f. LOCATION	Street or R F.D No	. City or T	own	County	State
		of work			,	10	4-	10	Al (1)	2 ( . ) 1 .
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		saw the deceased couses stated abar	ve, (I) (we) (did) (die	not) view the bac	dy ofter death	i (my) (uur) op	anon acom occu	HEU ON HIE UUI	e one noor an	3 11011111111
	1	22b SIGNATURE	-	) 2		-77		22c. D	ATF SIGNED	
		( Mr-	-Z 1	166- m	DEGREE PHY	rs.	MED. ST.	AFF YS.	1-22-6	2
		22d. PHYSICIAN'S	1011 37 101-1	1		. ADDRESS	.a			
	,	NAME (Type)	Takk M. Tal	00	WI	heaton, N		<del></del>		
	230		DATE 7/25/68		AETERY OR CREMATO	ORY	23d LOCATION (C Silver S	ity or Town)		(Stote)
ŀ		FUNERAL DIRECTOR FI				2So RECD	RY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	
	Ту	son Wheeler	une ral Home Rockvil		ville Pi	ke DATEJUL	30 1968	gelian	Las Judg	M.
Ŀ	-		KIND OF THE PARTY	AS PARTY OF THE PA						











91.		MARYLAND STATE DEPARTMENT OF HEALTH  OF CONTROL OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED-NAME First Middle Lost Zo DATE KNOWN Month Day Year	25 HOUR
1 20 8 Z	Í	(Type or Print)  JENNIE NMI SIEGEL  OF ESTI- DEATH MATED 7 19 16	8 10Am
:	3 5	The bush and DAVIDE DAVIE WALLES AND	2d HOUR
A P I		Female White ? / 79 72 YRS 7 19 68 19	10A M
Dep		BIRTHPLACE (State or fore gn 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED S 9 COUNTY OF DEATH	
ges for ate	10.0	Rumania USA WIDOWED DIVORCED Montgomery  CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (Find in hospital 12a USUAL OCCUPAT ON (Kind of work done 12b KIND OF	Md Mc
s after death any 18 Give Pages 1, 2, 1 alang with farm P with the State Depage		give street oddress) during most of working life even if refixed ) INDUSTRY,	
Give mg m, th	130	Silver Spring   Holy Cross Hospital   Seamstress   Clotha:  - SUAL RESIDENCE (Where deceased ved, First tution Residence before 13c CITY OR TOWN   13d INSIDE CITY LIM TS?   13e STREET AND NUMBER	-6
s after 8 Girls 8 Girl	0	odm ssion) STATE New York 13b. COUNTY Bronx N	Y
hours Office of	14. F		Lost
		unknown gluknown	
within 24 pencil in 24 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		D. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown)   (If yes give wer or doing of service)   16b. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS	3.5.3
wit wit wit		no neige Thelma Becker 8201 16th St. Sil.Sp	rg. Male Interval
shauld be executed with ward permitting in permitting the Chief Millardical Exanurial-transit permit. Fille in any event within 72		18. CAUSE OF DEATH (Enter only one couse per line for do) (b) of del (c) PART I. DEATH WAS CAUSED BY.	NSET AND GEATH
Amding t were		IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	<i>y</i>
nsit nsit		Conditions, if any, which gove)	o aro
The Grant		rise to immediate cause (a), stating the underlying cause DUE TO, OK AS A CONSEQUENCE OF	
shaul e war in the		last. (c)	
Tata on		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
tiffice arde dos	NO	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTO	2051/2
certification of the control of the certification o	CERTIFICATION	WAS PERFORMED?	
() 注意	CERTI	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)	
	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
1 = a × + co 5	MEC	6. 1.96	Stote
EXAM Ecute the Page 4 or your R: Page		WHITE NOT WHILE of foctory, office building, etc.) AT WORK AT WORK	
1 V T 2 . 4 m T		22a. I certify that took charge of the remains described above, held an Autapsy, Inspection XI, Inquiry XI, and in	my ap nian
Sica lease ex directar. stained in to bur		death resulted from Natural causes , Accident , Soicide , Homicide , Undetermined manner	
ITY DICA ITY, please e eral directar be retained INI INICA prior to bu		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
EPUTY Sssary, ple funeral di any be reti		SIGNATURE ASSISTANT MED CA. EXAMINER L.	1010
O DEPUTY The funeral S may be D FUNERAL Health pri		NAME (Type) DE 1 DE	1768
TO DEPUT  —ecessary the funer  5 may be TO FUNE  Health	230	TO QUE AL CREMATION, 23K DASE 23c NAME OF CEMESTRY OR CREMATORY [23d 40CATION (CHY Or Town)] (County)	(Stote)
_		REMOVAL (Specify) (July 1, 1968) My Hobron Cen (Julens L. J. n.y	
16	24	FUNERAL DIRECTOR 250 RECD BY REGISTRAR S S GNATURE	4.4
VR A15ME (5) 10M REV 1/68	1/6	2 Kanyansky Klins 3501-14th 11 Mario L 63 1300 Kenarias Jul	7



1	1					PARTMENT OF I				
		× 0035	DIVISION OF VI	TAL RECORDS, 30	1 W. PRES	TON STREET, BALT	IMORE, MARYLA	ND 21201	41	
		2000		CEI	RTIFICAT	E OF DEATH				
-Z=		CEASED-NAME Firs		Middle	7/	last	2a. DATE OF DEAT		V	2b. HOUR
de de	(	ype ar print) Sam	ue	ے ا	1/16/	Man		Month Day	28 760r	7:30 M
<u> </u>	3. 51	X -1	4. RACE	-1-	5 [	DATE OF BIRTH	6. A			IF UNDER 24 HRS. HOURS M.N.
is a second	_	14	Wh	170		11/12/08	10	t birthday) M	UNINS DATS	TIOURS - Miles
by by	7a cour	SIRTHPLACE (State or foreign	76 CITIZEN OF WHAT	COUNTRY? 8.	MARRIED 1	NEVER MARRIED 🗌	9 COUNTY OF DEAT	TH .		
n 24 ho illed in papers. nin 72 h	<u></u>	D.C.	4.5.		VIDOWED	DIVORCED []	NONG	omery		Md.
filled pape	10 6	ITY OR TOWN OF DEATH		OF HOSPITAL OR INSTITUTE address)	JUON (If not in		AL OCCUPATION (Kind ost of working life,	f of work doge even fratired)	125 KIND OF B	USINESS OR
d with letely arban nt, wil	10	MYEY JOYN	<u> </u>	TIERY	1055	1050 00	73 UCI	VER	INDUSTRY	MDCBB
The law requires that the death certificate be executed within 24 haurs after dear attending physician.  The has been signed by the apending physician and completely filled in by her transpouse as the burial transit permit. Lest please remaye carban papers. Presentially priar to burial, cremation, exceptional, and in any event, within 72 haursafter productions.		USUAL RES DENCE (Where deceded	13b. COUNTY	Residence before	SIL SO		13e. SIREET	AND NUMBER	Pari	=
exec d co	14	ATHER S NAME First	Middle	Last	15. MC	THER'S MAIDEN NAME F	irst	M ddie		Last
be ex n and re rem d in an		HARRY		SILVER	There has	OTHER'S MAIDEN NAME F	HAREL		Sing.	ZNICK
ificate be sysician o please al, and ir	160	WAS DECEASED EVER IN U.S. AR es, np., oc.unknown) (If yes give	MED FORCES? 161 war or dates of service)	b. SOCIAL SECURITY NO	17 INFOR	RMANT	_	Address		
or and a second		00 -	- 6	78-03-3	115 569	DIE. SILVE	3cm AN	Sign o	E/7:51	/_3
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST	nly ane cause per line f	ar (a), (b), and (c).)	0	10:			BETWEEN ON:	ATE INTERVAL SET AND DEATH
To a in a		PART I. DEATH WAS CAUS	IATE CAUSE (a)	ronary	moi	iffleien	4			
ne o	ı	2400	DUE TO, OR AS A	CONSEQUENCE OF	- 0	VU (		0-1		
at the sit the mast the mast the sit t		Canditions, if any, which gave rise to immediate cause (a),	(0) <u>W</u>	rforallo	my la	wer cacu	m, koc	alizad		
OR ATTENDING PHYSICIAN: The law requires that the death of be retained by the hospital ar attending physician.  DIRECTOR: After this certificate has been signed by the aftending 3e 3 shauld be detached far use as the burial transit permit. It is should be detached far use as the burial transit permit. It is a should be detached far use as the burial transit permit.		stating the underlying cause last.		tonitio.	Bra	mchahno	741 007 4-0-			
bysi hysi gne urial		PART 2. OTHER SIGNIFICANT CO	(4)		RELATED TO THE	F TERMINAL DISEASE ORG	ONDITION GIVEN IN	PART I(n)	<u> </u>	
req n si n si		55ci	The state of the s	DOT HOLL	TELEVIED TO III	L ILIMINAL DISLISE ON	on billion over my	Nut 1(2)		
law ndin bee s th iar t	I S	190 DATE OF OPERATION 195	CONDITION FOR WHICH	OPERATION WAS PERFO	RMED	20a AUTOPSY?	20b IF YES,	WERE FINDINGS CON	ISIDERED IN CER	RTIFYING
The law ratending attending has been se as the th priar ta	CERTIFICATION		6			YES NO	CAUSES OF I	EATH?		
are are		21g. ACCIDENT WAS UNDERLY			21c. HOW I	NJURY OCCURRED (Enter	r nature of injury in	Part 1 or Part 2, Ite	m 18.)	
YSICIAN: ospital ar certificate thed far us	MEDICAL	OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. A niner) P.M.	Manth Day Year 19						
PHYSICIAN e hospital e his certifical stacked far Dept af He	W	21d INLURY OCCURRED 216		HOME, FARM, STREET FACTORY	) 21f LOCATI	ON Street at R.F.D. No	City or To	พก	County	State
IDING PH by the h After this I be detac		at wark at wark					,			
by he be		22a. I certify that (!) (t sow the deceased	his hospital) attend	led the deceased	fram	, 196	6 to 16	1429, 196	S that	(I) (we) last
R: A	ı	causes stated abov	re.(1) (we) (did) (di	d nat) view the bad	ona in الإيم Iv after deal	or in (my) (our) api ih.	nion deoty occu	sea an me aore	and hour a	nd from the
OR ATTENDING be retained by the IRECTOR: After i e 3 shauld be d ed with the State		22b. SIGNATURE		11 A	4		arn er	22c. DA	TE SIGNED	
OR DE L		Lyll	ney Tel	rentitue,	My STGREE	ATTENDING PHYS.	RED STA	rs. 0 7	129/6	S
TAI may bag be fill		22d. PHYSICIAN'S NAME (Type)	/by 1.01	10 Stal	IL D	220, ADDRESS 1210 Cole	wille Ro	1 84.10	- Can-	. 41
Page 4 may be retained by the hospital ar attending physician.  10 FUNERAL DIRECTOR: After this certificate has been signed by the afterdar, page 3 shauld be detached far use as the burial transit petshauld be filed with the State Dept af Health priar ta burial, crematian,	-	XXX	ory City	100 1111	77//				200	ng Ma
A Full direct shart	Z30.		-31-68	23c, NAME OF CEM	LETERY OR CREE		23d LOCATION (CI	,	(County)	(State)
Ę T Ę	24.	FUNERAL DIRECTOR	-1-60	ADDRESS	1.	2So. REC'D B		25b. REGISTRAR'S SI	GNATURE	-
VR A15 (4) 30M REV, 1/68	(		un / Hime	42179	31.14	W. DAAUG	1 1968	gelearl	as Judg	ia.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10048 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR First 24 haurs after death SIMPSON (Type or point) JAMES E. wing IF UNDER 24 MPS. 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR 3 SEX 6 AGE (In years lost birthdoy) T ZHTMOM 9/19/00 White Male 7a. BIRTHPLACE (State or fore.gn 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TE NEVER MARRIED WIDOWED [7] DIVORCED T Montgomery New York City 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12g USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress)

Silver Spring Md. Holy Cross Hospital

130 USUAL RES DENCE (Where deceosed lived, if institution. Residence before 13c CITY OR TOWN during most of working life, even if retired.) INDUSTRY - Penco L ectric foreman crematian, ar removal, and in any event, please remave car 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed admission) MAIryland 13b COUNTY YES [] NO [ 11504 Galt Wheaton Ave. Wheaton Iontgomery Maddie 14 FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Simpson NMI Agnes Sampson James 16b. SOCIAL SECURITY NO. 17 INFORMANT 16g WAS DECEASED EVER IN J.S. ARMED FORCES? Address Yes, no. ar unknown) 577-09-3271 wife Agnes 11504 Galt Ave. Wheaton, Maryland 18. CAUSE OF DEATH (Enter only one cause per up for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO. OR ASEN CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! signed ! PART 2 OTHER SIGNIFICANT CONOMIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been 286. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO | far use Health 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 23c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTR BLTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Day 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (1) (this hospital) ottended the deceased from (1) (we) lost saw the deceased olive on (1) (25 ) (10 ), and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22h SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE director, page should be filed PHYSICIAN S 22e-ADDRES 23d LOCATION (City of Town) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b DATE (County) (State) REMOVAL (Specify) Fort Lincoln Mausoleum Prince George Co Surral 8434 ADGREBAGIA Ave. 24 FUNERAL DIRECTOR T. J. 250 REC D BY REGISTRAR 1968 DATEJUL 2.4 30M REV. 1/68 Silver Spring Punphreu

MARTLAND STATE DEPARTMENT OF REALIN





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH    Company   Death of Death   Death of Death of Death   Death of Death of Death of Death   Death of Death   Death of Death of Death of Death   Death of Death o	0 40				MARYLAND STATE DEPARTMENT OF HEALTH			
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Comparison of the property o					. 0			
3. SIX   4 BALL   5. CATE OF BRITH   6. ACE OF BRITH   6. ACE OF BRITH   7.0 CHIZEN OF WHAT COUNTRY   8. MARRIED   10. OCHATY OF DEATH   17.0 CHIZEN OF WHAT COUNTRY   8. MARRIED   17.0 CHIZEN OF WHAT COUNTRY   8. MARRIED   17.0 CHIZEN OF WHAT COUNTRY   18. OCHATY OF DEATH   17.0 CHIZEN OF WHAT COUNTRY   18. MARRIED   18. MARRI		LA.				2b. HOUR		
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Zarate dar reference		210 ACCIDENT WAS UNDERLYING 211 ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HC	o. TIME OF INJURY DUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Ente	noture of injury in Port 1 or Port 2,	Item 18.)
Pitch affiguration	MEDICAL	(If either, notify medical examiner)	P.M. 19			
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.  Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the formal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be state Dept at Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.	23a	BUR AL XEMATION, 23b. DATE REMOVAL (Specify) 17-9	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Jown)	(Codnty) (Stote)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME Middle (Type or print) i remave carban papers. Pages 1 in any event, within 72 haurs after 3 SFX 4 RACE 6 AGE (In years IF UNDER I YEAR lost birthdoy) MONTHS ] executed within 24 haurs aft 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED MEYER MARR ED U.S. A. DIVORCED 🗍 WIDOWED TO 120 USUAL OCCUPATION (Kind all work dane 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR FORM. 1000 MEmo CUE. HOKIS CAN'I INDUSTRY 13d INSIDE CITY LIMITS? 13b. COUNTY MONTGO MERY Middle IS. MOTHER'S MAIDEN NAME First ANTHON 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 79-48-42330 - MRS. FRANK MANNARINO, DAUCHTER burial, crematian, ar remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) find (c).

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) DUE TO. Canditions, if any, which gave ) nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse (d) Adenocarcinema. recte-sigmoi PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 O FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? of Health 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 19 19 10 19 19 19 19 10 19 10 19 10 19 10 19 10 19 10 19 19 10 19 22b. SIGNATURE 22: DATE SIGNED ATTENDING PHYS. 92e. ADDRESS 22d. PHYSICIAN'S 23a BURIAL, CREMATION 23b DATE Zac) NAME OF CEMETERY OR CREMATORY County. Arlington National 24. Sungal Opticop.
N.W., Wash., D.C., 20016 VR A15 (4) Wisc. Ave. 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



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VR A1534	24.	FUNERAL DIRECTOR	7557 WESC	nsin Ave 250 RM	BY REGISTRAR S	SIGNATURE
30M REV. TOBE	L	Robert A. Pump	hrev. Bethesda	, Maryland	- c & wood force	reas Judge.



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	:	Item#6,FilmGho	2 7/11/68 km	CERTIFICATE OF DEAT		1 125 9
· (1) \~=	ī. Di	CEASED-NAME First		Lost	2g. DATE OF DEATH	25. HOUR
ond 2	(1	ype ar print) Geor	ge Harley	SMITH	July Manth Day	1968 8:45PM
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HOS FUN FUN	23a	BURIAL, CREMATION, 23b.	DATE 23c NAME C	OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
2 2 B 2 OV.	1	BUTAL (BETA) 7		Cemetery	Dixie, Georgia	
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTO Joseph 5130 Wisconsin	Gawler Sons ADDRE Ave., N. W. Wash	ington, D. C. 250 RE	C'D BY REG STRAR 25b. REGISTRAR S	SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20. DATE OF DEATH 2b HOUR The law requires that the death certificate be executed within 24 haurs after death death, (Type or print) Month Year > 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years HE JINDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) MONTHS HOHES he YRS MALL 70 BIRTHPLACE (State or foreign COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) . papers hin 72 h WIDOWED F DIVORCED [ Karriez I nome the attending physician and campletely filled sit permit. Then please remave carban pape 20 LSUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital, 12b KIND OF BUSINESS OR INDUSTRY give street address) during most of work no life, even if retired ) burial, cremation, ar removal, and in any event, wit Ministen 13à USUAL RES DENCE (Where deceased lived if institution, Residence before 13c CITY OR TOWN 13e, STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE 13h COUNTY 14. FATHER'S NAME IS MOTHER S MAIDEN NAME First Middle Lost diacley (A) (O) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no. or unknown) (If yes give war or dates of service) APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) signed by the attendir burial-transit permit. Conditions, if ony, which gave MARTERIOSCLEROS rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(p) far use as the b f Health priar ta b LUES Page 4 may be retained by the haspital or attending D FUNERAL DIRECTOR: After this certificate has been a CEREB 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n DATE OF OPERATION 20g. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🔲 NO. NO with the State Dept of Health 21o ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) Greath and the contribution of the contributio HOUR A.M Month Doy Year PM be detached 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town County While Mat while at work at work 22a. I certify that (I) (this hospital) attended the deceased from 1968, and that in (my) (ow) opinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (die not) view the bady after death. 22b SIGNATURE 224 DATE SIGNED ATTENDING director, page 3 DEGREE 22d. PHYSICIAN S 22e ADDRESS 5009 DelRay Ave. Angle Robert G NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE Suitland Pr. Geo Cedar Hill TEMPYALT Specify 7-15-68 Wisconsin<sup>250</sup> RECD BY REGISTRAR Ave. Bethesda<sub>DAIT</sub>JUL 16 Pumphrey 25b. REGISTRAR S SIGNATURE VR A15 (4) 30M REV 1/68 Bethesda DATE JUL



		MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL PECOPOS 301 W PRESTON STREET BALTIMORE MARYLAND 21201	
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5-5-1	24	REMINIAL Specific July 29 1968 Gate of Heaven Cemetery Silver Spring, Mary 4 MINISTRATION OF THE SPRING OF THE SPR	yland
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E Park	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
F- 1	• /	Ιt	ems#13c213e Film#G402 7/25/68 CERTIFICATE OF DEATH
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	Page O FUN direct	230	a BURIAL (REMATON, REMOVAL (Specify)  Cremation 7/17/68  Lee's Crematory  ADDRESS  A
	5- 5 s		Cremation 7/17/68 Lee's Crematory Washington D.C.
		0.4	FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 256 REG STRAR S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

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	MAKTLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
4	CERTIFICATE OF DEATH
1.5	1 DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b HOUR
to No.	(Type or print) tanne managerat Soundar Tulin 34 1968 6 82M
J Varie	3. SEX 4. RACE S. DATE OF LRTH 6 AGE (IT LEGTS IT UNDER YEAR IT LINDER 24 HRS
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haurs haurs haurs haurs	70 BIRTHPLACE (State of fareign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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ti ti da	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY/OR TOWN 13d HISDE CITY LIMITS? 15e STREET AND NUMBER
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at the death cer the attending p nsit permit. The matian, ar remo	18 CAUSE OF DEATH (Enter only one cause per line fos (a), (b), and (c).)
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din din tr	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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YSICIAN: The law raspural ar attending certificate has been thed far use as the strong to the of Health priar ta	NO CAUSES OF DEATH?    10 ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem. 18)
AN: If ar cate ar u	
<b>三</b>	If either, notify medical examiner)   P.M.   19
HYSICIA haspital certifica iched fa	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town County State
this De	While Nat while at work at work
by the by the frer thii be det	270   certify that (1) (this baseital) ettended the deceased from 20 /4/4 19 68, to 21/2 /4/4 19 68, that (1) (wet last
d b d b d b d b d b d b	saw the deceased glive on 24 - 12 and that in (my) (per) opinion death occurred on the date and hour and from the
a de la companya de l	couses stoted above, (1) (we) (did) (did not) view the body after death.
A S C S S S	226 SIGNATURE SIGNED STAFF 200 DATE SIGNED
OR ATTENE be retained DIRECTOR: A ge 3 shauld	DEGREE PHYS DIRECTOR PHYS 2 7 ML 68
PITAL may RAL I	22d. PHYSICIAN'S 22e. ADDRESS
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exertified by the haspital ar attending physician.  FIRAL DIRECTOR: After this certificate has been signed by the attending physician and can page 3 shauld be detached for use as the burial-transit permit. Then please them id be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any the state Dept.	NAME (Type) WALTER E. GOOZH 2309. SHOREFIELD Rd. WHEATON, Md.
TO HOSPITAL OR ATTENDING PHY Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 shauld be detact shauld be filed with the State Deposits	230 BUR AL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
Page 4	BEMOVEL (Specify) July 26, 1968 Union Cemetery Mayersdale, Pennsylvania
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VR A15 (4) 30M REV 1/68	Warner E. Pumphrey, Inc. Silver Spring Md DATE JUL 29 1968 Icharles Judge



1 mm		MARYLAND STATE DEPARTMENT OF HEALTH					
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	159				
		CERTIFICATE OF DEATH					
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2 2 2 5		Type or print) MOY SALUAGE 7 Month 10 Doy /	OYeor 705				
a publication	0.6	11/00 G. VIOTGER (10 G.	INDER YEAR IF UNDER 24 HRS.				
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haurs in By rs. Py 2 hours	70.	BIRTHPLACE (Stote or foreign 7b. CIT.ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH					
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PHYSICIAN: The law requires that the death certificate be executed within 24 hospitol or attending physician.  In this certificate has been signed by the attending physician and completely filled betached for use as the burial-transit permit. Then please remove corbon pape Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72	10.	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito)  120 USUAL OCCUPATION (Kind of work done)  13 NAME OF HOSPITAL OR INSTITUTION (If not in hospito)  14 July Barranost of working life, exempting the life of	26 KIND OF BUSINESS OR NDUSTRY				
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plet cort	. 13o	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. MSIDE CITY UM/152 13e STREET AND NUMBER 13SD COUNTY MATERIAL COU	. 4				
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and cand in any	14.	FATHER S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost				
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at the death certificate b th≡ att≡ding physician sit permit. Then please motion, ar removol, and i		O. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, now, of upknown? (if yes gave wor or dates of service)  Address  Address  Address	× , 2				
shy shy		Yes, nor, drynknown) (dyes give wor or dones of service) 577-48-2259A SADIEJNYDER JAME A	2/3/				
E Harring		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH				
et in		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Corclio. Respiratory facture					
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re de		21o. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter-noture of injury in Port 1 or Port 2, Item	181				
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SIC Spiriting Sicility of the second	MEDICAL	[If either, notify medical examiner] P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREEF, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Co	ounty State				
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ت		ot work of work of the control of th	GF that (IV food for				
Pin Affe by State		saw the deceased clive as $\sqrt{3}$ and that in (my) (aux) entring death occurred on the date of	and hour and from the				
med red		22a. I certify that (I) (this hospital) attended the deceased from 0.7. 16, 19.7, to 2027 10, 19.5 saw the deceased alive an 2.7 19.8, and that in (my) (our) opinion death occurred on the date a couses stated abave, (I) (we) (did) (did not) view the body ofter death.	ma noar ona mom me				
AT Series	1	22c. DATE	SIGNED				
D. S.	1	Bernard a. Nectoman, M.D. DEGREE PHYS DIRECTOR DIRECTOR 7-10	5-68				
AL A		22d. PHYSICIAN'S 22e ADDRESS					
ERA ERA	Ι.	NAME (Type) Bernard A. HECKMAN, M.D. 8107 Eastern Ave. Silver Spri	ing, Md.				
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retoined by the hospitol or offending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in By director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Probould be filled with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours	230		County) (State)				
O E O E A	10	ARMOVALISORITY 7-11-68 22-124 SHOLDINGEM. CAPITOLHEIGH	TS PAD				
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 20300 CERTIFICATE OF DEATH First Lost 2o. DATE OF DEATH 1. DECEASED-NAME Middle 2b. HOUR e carban papers. Pages 1 and 2 vent, within 72 haurs ofter death Month 23 (Type or print) Shirley M Sobe 1 July 5:25Am 3. SEX 4. RACE DATE OF BIRTH F UNDER 1 YEAR IF LINDER 24 HRS. 6 AGE (In years lost pirthdoy) 20 October 1919 Caucasian Female The law requires that the death certificate be executed within 24 haur 70 BIRTHPLACE (Stote or foreign 76 CIT ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED [3] NEVER MARRIED [1] country) Connecticut \_⊆ USA WIDOWED [ DIVORCED [7] Montogomery pletely filled in carban paper 12o USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) Naval Hospital Bethesda Nurse 130 JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e, STREET AND NUMBER 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13b. COUNTY YESTA NO 4305 Federal Street Montogomery Rockville detached far use as the būrial-transit permit. Then please remoo is Eept. af Health priar ta burial, crematian, ar remaval, and in <u>any</u> Middle 14 FATHER'S NAME Middle Lost S. MOTHER'S MAIDEN NAME First Lost Jean E Rachstein Louis J Monat 17 INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (It yes give war or dates of service)
WW II Yes, no, or unknown) Samuel Sobel 4305 Federal St Rockville, Md 062-05-4680 APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART ! DEATH WAS CAUSED BY Carcinoma of Breast metastatic to the liver 8 months DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove signed by the burial-transit p rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been None 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 20g AUTOPSY? CAUSES OF DEATH? YES [ NO X TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year If either, notify medical examiner) 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY ) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town Stote County While Not while at work directar, page 3 shaufd be de sho≡ld b≡ filed with the State 22b. SIGNATURE 22c DATE SIGNED ATTENDING 23 July 1968 DEGREE PHYS. DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Fletcher LT. Naval Hospital Bethesda. Maryland 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) ((ounty) (Stote) 23o. BUR AL, CREMATION REMOVAL (Specify) 7-25-68 Pinelawn, Long Island, Beth-Moses Cemetery 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) JUL 25 1968 B. DANZANSKY, 3501 14th ST. Washington, DC 30M REV 1/68



1 1	Ite B-	ems 18-22a film 403 MARYLAND STATE DEPARTMENT OF HEALTH 13-68 mt. DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	. 20:
FOR STATE	Ít	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		ECEASED NAME First Middle Lost 2a DATE KNOWN T Month D	Day Year 2b HOUR
	(	Type or Print) John Howard Solomon. DEATH MATED & JULY	16 1968 6 FAM
delay is ind 3 to 3/ Page ment of	3 S	EX 4 RACE S DATE OF BIRTH 6 AGE (in years is under 1 YEAR is JUNDER 24 HRS 2c DATE PROMOUNCED DEAD	2d HOUR
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oth and ages of the following State Depart	7a coun	BIRTHPLACE (State or foreign   76 CITIZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARRIED   9 COUNTY OF DEATH  11 YOUR YORK US & WIDOWED DIVORCED   MODIFYOD 21 / 9	,
Pages, Vith fa	10. 0	THE TOTAL TOWN OF DEATH 11. NAME OF HOSPITA, OR INSTITUTION (If not in hosp to 120 USUAL OCCUPATION (Kind & work done 12	2b KIND OF BLSINESS OR
This certif cate shauld be executed within 24 hours after death cate, writing the ward "pending" peach, in Item 18 Give Pages be farwarded to the Chief Medico Examin is Office along with fall be used as a burial transit permit File peacs I and 2 with the State or remayal, and in any event within 72 hours after death		11. NAME OF HOSPITA. OR INSTITUTION (If not in hosp to during most of working the aventifier ted)  12. The scize.  11. NAME OF HOSPITA. OR INSTITUTION (If not in hosp to during most of working the aventifier ted)  No. of the scize.  12. USUAL OCCUPATION (Kind of most dome 12.  USUAL	Real 25 to to
after de 8 Give F alang wi with the	130	TIS A PESIDENCE (Where deceased I year of met tot on Paristance before) 13r CITY OF TOWN 13d INSIDE CITY UMJS? 13e STREET AND NUMBER	- 1
hours at Item 18 Office al Iand 2 w	<u> </u>	dission) STATE Med. 136. COUNTY Montgomery Bethesda YES \$ NO 17505 Bells Me	
hours afte Item 18 G Office alan Iand 2 with after death	14 F	ATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle	Lost
2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	160	Abraham Solomon Zareef  WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 7507PRESELLS	Baroudi
within 24 people in xamings ile pages 72 hours		(es, no, or unknown) (it yes give wor or dates of service) Yes W. W. II Mrs. Lucille B. Solomon. Beth	nesda. Md.
Examination 72 h		1B CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c) )	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ecute ing i		IB CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c))  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PLANT Overdose of Barbituates and other	
exe f Me f Me it pe		7800 DUE TO, OR AS A CONSEQUENCE OF	
d "p d "p Chie rrans		nse to immediate cause (a), (b) and the course (co.	1 hr. ?
XAMINER: This certif cate shauld be executed to the cert ficate, writing the ward "pending" by 4 shauld be farwarded to the Chief Medical Your files.  Oge 3 shauld be used as a burial transit permit termation, ar remaval, and in any event within		stating the underlying couse DUE TO, OK AS A CONSEQUENCE OF	
the state of the day o		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
if carring rided as as al. a	Z		
certifi arwan used imaval	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AJTOPSY?
INER: This as certificate, should be full files. 3 should be indicated as a should be indicated as a should be indicated.	EETE	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES X NO
	MED CAL C	PRIMARY SOR CONTRIBUTING HOUR A M	1 10 )
INER: he cert shaul files. 3 sha nation	MED	21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
bical Examiner: This se execute the cert ficate, ectar. Page 4 shauld be famed far your files. ECTOR: Page 3 shauld be uterprise, certaction, at ren		WHILE MOT WHALE EN foctory, office building, etc.)  AT WORK AT WORK EN HOME  Bethesda M	lontg Md
ut EXA i xecute Page v far yau		22a. I certify that I took charge of the remains described above, held an Autapsy 💢 Inspection 💋 Inquity 🔼	
director.		death resulted from Natural causes , Accident , Suicide / Homicide , Undetermined manner	<u>c</u>
please direct retains our to to		ACTUAL CHIEF MEDICAL EXAMINER 220 DATE SIL	CHED
ury, any, be be prin		SIGNATURE TYANGICAL EVANUES OF 17 9	ely 1968
necessary, please execute the funeral director. Page 4 5 may be retained far your to FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) John G. Boll. M.D. ADDRESS(Street, city, town, or county)	0
necessary, please execute the funeral director. Page 5 may be retained far you to funeral birector? Pealth prior to burial, c	230	BURIAL CREMATION 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) ((	County) (State)
	L	Burial 1/20/08 1 mary bory in Strong North Creek. W	larren, N.Y.
VR A15ME [5]	24	FUNERAL DIRECTOR  7557 WESconsin Ave 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGNARY A. Pumphrey Bethesda, Marylands 2 2 1968 Clearles	GNATURE
1044 DEV 1770		RODEC A. EBROTTEV. DELIESUA, PRIVIAMEN LA GIOU INTERPLA	THE STATE OF THE S



MARTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 2a. DATE OF DEATH 2b. HOUR DECEASED NAME Middle First JEFFREY and 2 death. requires that the death certificate be executed within 24 haurs after death. Month 23 funeral (Type or print) July L:25PM Sombke S. DATE OF BIRTH IF UNDER 24 HRS. 3. SEX 4. RACE AGE (In years IF LINDER 1 YEAR lost birthday) HOURS June 20, 1958 Male Caucasian 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country Montogomery Montgomery filled in DIVORCED WIDOWED [ USA Virginia ease remave carbon paper offd in any event, within,72 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH: 12b KIND OF BUSINESS OR give street oddress) Naval Hospital during most of warking life, even if retired ) Bethesda campletely 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before, 13c. City OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY TO Georges YES NO 4874 Eastern Lane Suitland Middle IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Harlowe Earl Sombke Myrtle Louise Moore physician 4874 Eastern Lane Apt 303 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (It was give war or dates of service) Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 shauld be detached for use as the burial-fransit permit. [There should be filed with the State Dept. of Health prior to burial, cremation, ar requaval, Harlowe E Sombke Suitland, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART | DEATH WAS CAUSED BY. Acute lymphoblastic leukemia associated with bronchial DUE TO, OR AS A CONSEQUENCE OF pneumonia and abscess Conditions, if ony, which gove rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES [ 23c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18) 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Nat while causes stated above, (IX (we) (did) (did2xat) view the body after death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF  $\Box$ July 24. 1968 DEGREE PHYS DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S Naval Hospital, Bethesda, Maryland NAME (Type) Gary H. SAFTEY 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION (County) (Stote) REMONAL Specify Arlington National Arlington, Virginia 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home 4308 Suitland Road, Suitland, Md. 25g. REC'D BY REGISTRAR VR A15 (4) Ocharla 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH 2b HOUR F'rst Middle lost DECEASED NAME (Type or print) none Sommer Anne 3. SEX S. DATE OF BIRTH 6 AGE (In years IF JINDER 1 YEAR 4 RACE last birthday) MONTHS | 18 September 1896 Female White executed within 24 hours 7a BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8 MARRIED DE NEVER MARRIED 9. COUNTY OF DEATH burial, cremation, or removal, and in any event, within 72 hou Poland WIDOWED [ DIVORCED Montgomery USA 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress)
The Clinical Center, NIH 12g USUA, OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during mast of working life, even if retired.)
Housewife Bethesda None 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before | 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136. COUNTY YES T 2785 Ocean Parkway Brooklyn 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Last Middle Lost Sylvia Reichert Joseph Sommer 17. INFORMANT The Medical Record 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address the low requires that the death certificate Yes, no, or unknown) The Clinical Center, NIH, Bethesda, Maryland None 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY Cryptococcal Meningitis 2 years IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (a). signed by t DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES X NO | 21o. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INTURY OCCURRED 21e. PLACE OF INJURY ( AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No Stote City or Town County While hat while at work 22a. I certify that (K) (this haspital) attended the deceased from 20 May 1967, to 15 July 1968, that (K) (we) last saw the deceased alive an 15 July 1968, and that in (mg) (aur) apinian death accurred an the date and haur and from the \_, that (A (we) last causes stated above, (\$ (we) (did) (2000) view the body after death. 22c. DATE SIGNED 22b SIGNATURE ATTENDING X 16 July 1968 DEGREE 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S Anthony S. Fauci. M.D. Institutes of Health, Bethesda, Maryland 23d LOCATION (City or Town) (State) 23a BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) Elmont, New York Beth David Cemetery 232 Carroll 250 RECD BY REGISTRAR 2Sb REGISTRAR'S SEGNATURE 24. FUNERAL DIRECTOR Donald M. Stein VR A15 (4) Hebrew Memorial Funeral Home St., N.W. Wash., D. WUL 18 1968 30M REV. 1/68



	n.		MARYLAND STATE DEPARTMENT OF HEALTH	
			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
(IVI)		10054	CERTIFICATE OF DEATH	1 364
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function of the standard of th	3. SI	x //	4 RACE S. DATE OF BIRTH 6. AGE	In years IF UNDER I YEAR OF UNDER 24 HRS.
physician and completely filled in by the funeral en please remave carban papers. Pages I and oval, and in any event, within 72 hours after death		female	white 5-24-16 lost by	thdoy) YRS. MONTHS DAYS HOURS MIN.
haum S. P	7 <sub>0</sub>	HPLACE (State or fareign	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
24 in per in 72		Maryland	WIDOWED DIVORCED DIVORCED	musy Md
	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)  12. USUAL OCCUPATION (Kyd of during more of warking like, even	work time 12b KIND OF BUSINESS OR INDIVIRY
arby, 'tr	130	USUAL RESIDENCE (Where d	eceosed lived, if institution: Residence before [13] CITY OR TOWN   13d INSTITUTE   13e STRICT AND	NUMBER STORY
cuted ompl	adm	ission) STATE France	1 13b. COUNTY Maryone Rackville YES NO 8/3	Jefleson Street
any any	14	FATHER S NAME TIST	Middle Last IS MOTHER'S MAJDEN NAME First	Middle Lost
A Rest	ᆫ	Cher	es Miryeter Clus	Fehlessen
sicio an	160		ARMED FORCES? give wor or deltes al service)  16b SOC ALSCUR-TY NO. 17 INFORMANT	Address
phy ovo	H	No	Markerite ffine - wer	APPROXIMATE INTERVAL
The law requires that the death certificate attending physician. has been signed by the attending physiciase as the burial-transit permit. Then pleas th priar ta burial, crematian, ar removal, an		PART I. DEATH WAS C	ar only one cause per line for (a) (b), and (c),)  AUSED BY  Falling  Australia	BETWEEN ONSET AND DEATH
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DING by the Affer be d State	П	220 I certify that (1)	(this hospital) attended the deceased from	
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4-0		10555 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2	1201 x #365
(-)		CERTIFICATE OF DEATH	7.0000
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pa Pa		saw the deceased alive an1960 and that in (my) (our) opinion death accurred a causes stated above, (I) (we) (did) (did not) view the body after death.	n the date and havr and fram the
ATTENTING etained by the crown after should be d		22b. SIGNATURE	22c DATE SIGNED
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH **DECEASED-NAME** 2a. DATE OF DEATH 2b HOURafter death law requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral (Type or print) 3 SEX S DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS CIAYS **COUNTY OF DEATH** o. BIRTHPLACE (State or fareign 7b. CIT.ZEN 8. MARRIED NEVER MARRIED country) DIVORCED 10 CITY OR TOWN OF DEATH 12a. LSLAL 126 KIND OF BUSINESS OF INDUSZŹ and in any event, wit 13a USUAL RESIDENCE (Where deceased lived if institution Residence before 130 CIPIZOR TOWN 13e STREET AND NUMBER 14 FATHER'S NAME Middle Middle 16b SOCIAL SECURITY NO 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN Address Yes, no, or unknown) burial, cremation, or remayal, 1B. CAUSE OF DEATH (Enter only one cause per line (or fa), (b), and (c)) BETWEEN ONSET AND CEAT PART I DEATH WAS CAUSED BY signed by the attendir burial-transit permit. IMMEDIATE CAUSE Conditions, if any, which gove ) nse ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Jast PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o1 far use as the t f Health priar ta b Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 19b\_CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year PM 3 shauld be detached with the State Dept. of (If either, notify medical examiner) director, page 3 shauld be aeracne shauld be filed with the State Dept. ( AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY Stote City or Town County OFFICE BUILDING ETC White Not white at work of work OR ATTENDING 22a. I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an analysis and that in (my) (evr) apinian death occurred an the date and haur and fram the causes stated abave, (I) F(did nat) view the body after death. 22b. SIGNATURE ATTENDING MED DIRECTOR 711. DEGREE PHYSICIAN S NAME (Type Arthur F Woodward 23a BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) REMOVAL (Specify Marioan South Carolina 7-26-68 Rose Hill Cemetery Wisconsin Ave 25b. REGISTRAR 5 SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 1968 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 2n DATE OF DEATH Pages 1 and 2 DECEASED-NAME First Middle 25. HOUR by the funeral (Type or print) Alverda Glenoka Nine Stalnaker 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. Bours after lost birthdoy) MONTHS May 7, 1894 W 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U.S.A. WIDOWED T DIVORCED | West Va. Montgomery 24 physician and completely-tilled en please remove corbon per 12a USUAL OCCLPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 125. KIND OF BUSINESS OR burial, cremation, or removol, and in any event, within the deoth certificate be executed within give street address) INDUSTRY
U.S. GOV'E during most of working life, even if retired.) Gaithersburg Asbury Methodist Home Stenographer 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. WSIDE CITY LIMITS? 13e. STREET AND NUMBER of Columbia admission) STATE YES 3 Washington 2150 Penn. Ave., N. W. 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME First Middle Middle Lost Lost Charles W. Nine Elizabeth Shafer 16d WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give wet or dates of service) 236-14-3920 Asbury Methodist Home, Gaithersburg, Md. no 18. CAUSE OF DEATH (Enter only one cause per inpeter to), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave } burial-transit nse ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying couse last. PART 2 OTHER SIGNIFICANT-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) deres Ellieses prior to b os the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? has CALISES OF DEATH? YES 🗍 NO [ of Heolth O FUNERAL DIRECTOR: After this certificote director, page 3 should be detached for us 216, ACCIDENT WAS UNDERLYING 236 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 4 may be retained by the hospitol TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year PM (If either, natify medical examiner) ( AT HOME, FARM, STREET, FACTORY, ) Stote Dept 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at work 220. I certify that (I) (this hospital) oftended the deceased from ...... saw the deceased alive an causes stated abave, (1) (we) (did) (alanot) view the bady after death. and that (my) (per) opinion deoth occurred on the date and hour and from the director, page 3 should should be filed with the 22b. SIGNATUR 22c DATE SIGNED ATTENDING PHYS STAFF DIRECTOR PHYSICIAN S 22e ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23b DATE 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) ELKINS ROMON SIGNATURE Maplewood Cemetery 24 FUNERAL DIRECTOR 250. REC D.BY REGISTRAR VR A15 (4) 30M REV, 1/68 Ochania



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED-NAME Middle Lost 20 DATE OF DEATH 2b. HOUR death. be executed within 24 haurs after death (Type or print) funeral Paul Bernard Stein 4. RACE 5 DATE OF BIRTH 6 AGE (in years F JNDER 1 YEAR IF UNGER 24 HPS 3 SEX lost birthdoy) MONTHS DAYS HOLRS Male White January 14. 1935 YRS. 70. BIRTHPLACE (State or foreign **7b CITIZEN OF WHAT COUNTRY?** 9. COUNTY OF DEATH 8. MARRIED XX NEVER MARRIED (ountry) DIVORCED Illinois Montgomery County 12a USJAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 126 KIND OF BUSINESS OR during most of working life, even if retired) give street oddress) INDUSTRY remove corban Bethesda The Clinical Center, NIH School Teacher County Govt cremotion, or removol, and in any event. 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY NO . 2015 Wainut Street Murphysboro 14. FATHER S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First George Stein O'Neal requires that the death certificate 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. The Medical Record, Clinical Center. (If yes give war or dates of service) Yes, no, or unknown) National Institutes of Health, Bothesda Md 356-26-1985 orean 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) Emboli to left internal carotid BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) artery, left common iliac artery, and kidneys signed by the attendir burial-tronsit permit. days DUE TO, OR AS A CONSEQUENCE OF (b) Hypertrophic subaortic stenosis Conditions, if ony, which gove ) vears rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) os the prior to b Poge 4 moy be retoined by the hospital or attending hos been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION CAUSES OF DEATH? YES 📆 NO I detoched for use to Dept. of Health p FUNERAL DIRECTOR: After this certificote 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH
(If either, notify medical examiner) HOUR A.M. Month Doy Year director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. Gty or Town County Stote While Not while of work 22a. I certify that (IX (this haspital) attended the deceased fram <u>June 23</u>, 19 68, to <u>July 15</u>, 19 68, that (X) (we) last sow the deceased olive an <u>July 15</u> 19 68, and that in (AX) (aur) opinion depth occurred an the date and hour and fram the causes stated above, (N (we) (did) (did Xii) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING 16 July 1968 DEGREE 22e. ADDRESS The Clinical Center, National 22d. PHYS CIAN S H. Bryan Brewer, Jr., M. D. Institutes of Health, Bethesda, Md. 20014 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) 230 BURIAL CREMATION (County) . (Stote) 250. REC D BY REGISTRAR VR A15 [4]



·		1055 apivisi	ON OF VITAL RE	CORDS, 301 W. PR	RESTON STREET, BALTIMOT	RE, MARYLAND 212	01	9
FOR STATE		** * * C 54	MEDIC	<u>AL EXAMINER</u>	'S CERTIFICATE OF			
HEALTH DEPT.		D	irst	Middle	Lost	20 DATE K	NOWN Manth	
ay is 3 to 3 to Page	,	Pebora Debora	h	Anne	Steinberg	DEATH /	MATED   JULY	12 1968 128
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haurs Item 1 Office I and 2	14. f	ATHERS NAME First	Middle	Lost	IS MOTHER'S MAIDEN NA		Middle	Lost
		Michael		Steinberg	B	onnie		Acker
hin ning in page 85 haurs		WAS DECEASED EVER IN U.S. ARMI		166 SOCIAL SECURITY NO			ADDRESS	
within pencil	{1	es, no, or unknown)   (Fyes	give wor or dates of service)		Michael	Steinberg -	Father	
-m E V		18. CAUSE OF DEATH (Enter	on v one cause per lin	e for (a) (b) and (c).)				APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
Id be executed in Chief Medical Control of transit permit. Find event within		18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	SED BY	Anoxi	- B			- 4en -
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writh write wall wall wall wall wall wall wall wal	ATTO	19a. DATE OF OPERATION		196. COND TION FOR WH	HICH OPERATION			20 AUTOPSY?
his certifiate, writie farwar farwar be used	CERTIFICATION			WAS PERFORMED?				YES NO
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INER: The certification is should be files.  3 should be files.	MEDICAL	PRIMARY OR CONTRIBUTION CAUSE OF DEATH	S HOUR AM	7/12 196	8 AsPirate	d. Vemited	. Milk	
Share as a same	W		e. PLACE OF INJURY (A	t home, farm, street,	21f LOCATION Street or R.F.I.			County State
EXAMINER: ute the certi age 4 should your files. Page 3 shau		AT WORK AT WORK	factory, affice building	j, etc.)		Poton	AC M	ortgomery. My
Pager NE.P				e remains described	abave, held an Autopsy	). Inspection S	1 Inquiry 🛚	, and in my apinioi
CO for the control of		death resulted from			X. Suicide , Han		rmined monner	
please retained DIRECTOR					_	ICAL EXAMINER		hami
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o DEPUTY DICA necessary, please e, the funeral director. 5 may be retained o FUNERAL DIRECTOR		NAME (Type)	16.6	32.		treet, city, town, ar count	y) /	(
TO DEPUTY COLCAL EX necessary, please execut the funeral director. Pag 5 may be retained far y TO FUNERAL DIRECTOR: P. Health priar to burial,	23a	BURIA, REMATION, 2	3b PATE /	28c NAME OF C	EMETERY OR CREMATORY	2 23d LOCATION (	(alty or Lown)	(County) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH

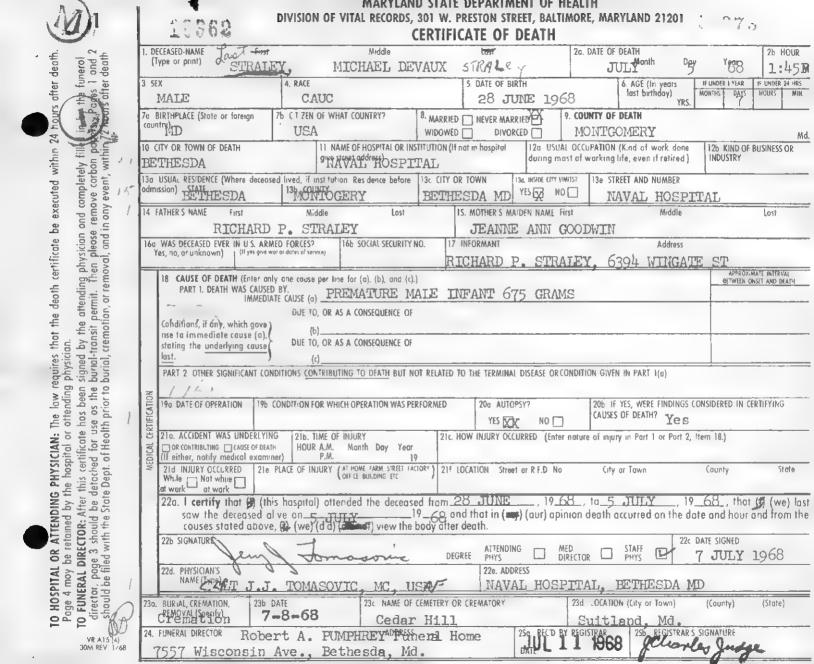


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HEALTH DEPT.	. DECEASED NAME	Eiest		Middi	6	Lost			KNOWN Mo	nth Day	Year 2b HOUR
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hin 24 hours neel in Item 18 niners Office pages 1 and 2 hours offer d	4. FATHER'S NAME	First	Middle		Last	15. MOTHER S /	MAIDEN NAME	First	Middle		Last
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hin 24 nord in ning s pages hours	60. WAS DECEASED EVE	R IN U.S. ARMED FO	RCES?	16b SOCIAL SECU		17 INFORMANT			ADDRESS		
be executed within "pending" in pencil iief Medical Examine iinsit permit. File page event within 72 hou	YES	115]_	er or dates of service)	577-5	2-2759	HOSPI	TAT.	RECORD			
should be executed wit word "pending" in per the Chief Medical Exan unal-transit permit. File in ony event within 72		DEATH (Enter only		ne far (o), (b), o	nd (c))						PPROXIMATE INTERVAL WEEN ONSET AND DEATH
De executed "pending" ir ief Medical I issuent within	PAKI I DE	ATH WAS CAUSED IMMEDIAT	E CARZE (o)	Pula	onary	embolis	sm seco	ondary			
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shauld be e te word "per o the Chief I burrol-transit	stating the una	lerlying couse	DUE TO, OR	AS A CONSEQUE		m = = 3					
he to		GNIFICANT CONDIT	(c)		ing in		L D 55451 OD 5	ONDITION O WELL	n DahT 1/-1		
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certifical writing orwarded used as maval, a	190. DATE OF OP	ERATION		19b. CONDITION		PERATION				20	AUTOPSY?
(CAL EXAMINER: This certificate shauld execute the certificate, writing the word for. Page 4 should be forwarded to the Ched for your files. CIOR: Page 3 should be used as a burral-truburral, cremation, or remayal, and in any	19a. DATE OF OP			WAS PERFO	RMED?						YES NO 🗆
ifficote, d be fo uld be u				INJURY Manth, Di					y in Part 1 ar Part		neck.
INER: Tie certifice should by files. 3 should by a should it	CAUSE OF DEATH		OUU P.	36 ( / '	19 68				shallow	-	
MIN the the rr fill mat			LACE OF INJURY ( ory, office buildin	At hame, form, s <sup>ng, etc.)</sup> Poo		21f LOCATION Str	eet ar R F.D. No	Cit	ar Town	County	
bical Examiner: slease execute the certi director. Page 4 should etained for your files. DIRECTOR: Page 3 shou ir to buriol, cremation,		WORK		POC		7				Montg.	
:AL EXA execute or. Page if for you TOR: Pag		certify that Lips				/ —		Inspection	- I		nd in my apinian
Se e setol ned ned se o bu	death res	ulted frame	Natural cau	ses . Ac	cident 🗵,	Suicide	, Kamicid		etermined man	ner []	
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Py, erol be be prin	SIGNATURE	XXX	chesy	1 9			ASSISTANT MEDI DÉPUTY MEDIEA	~ \	-	11.20	1.1910
ro DEPUTY DICA necessary, please e the funeral director 5 may be retained TO FUNERAL DIRECT Health pradr to bu	EXAMINER'S NAME (Type)	3610	Est	K	12	H PA	ADORESSIANTER	/ 72 10 XC	(191)	SYOCA	11160
Teo He	230 BURJAN, CREMATI	ION, 23b [	DATE	23c/NA	ME OF CEMETE	Y OR CREMATORY		23d LOCATIO	Cury or Jown	(County)	(State)
	REMOVAL (Specif	1 2 11	JURY "	368 FAN	CKLAW	NGEN	PETERY	Diste	R PRi	NG 17	) ·
UV	24 SUNERAL DIRECTO	IR	// -		ADDRESS	1/00201	250 RECC	BY REGISTRAR		AR 5 SIGNATUR	t E
VR A15ME (5)	KINPLDIF	INERBY 7	HOME IN	7400 5	EDREIA	AtE No	DATE .!!	JL 251	968 <i>f</i> C	Landes	goodse.



	1	MARTLAND STATE DEPARTMENT OF HEALTH
4		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
7 111/1		CERTIFICATE OF DEATH
7.17	1, 0	ECFASED NAME First Middle Last 20 DATE OF DEATH 2b HOUR
death opd opd	(	Type or print) Margaret marie Ately Guly 8 /968 10 pm
8 8 5 8	12.6	
a sa	3 2	lost birthday) Movinis Days Hours Min.
2 2 2	<u></u>	Female White 17-7-1895. 72 YRS
age age		BUKTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
4 h h	COU	Helenan USA WIBOWED DIVORCED Mentionery Md.
hin 24 h filled in papers thin 72 h	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR SUSTITUTION (If not in hospital 120 LSUAL OCCUPATION K nd of war done 126 KIND OF BUSINESS OR
infair A		Selherda give street oddress) Sucherhan during most of working the, even it reted () INDUSTRY
y arbo	136	S. AL RESIDENCE (Where deceased lived if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS2 3 as STREET AND NUMBER
executed withing campletely fremave carbon any event, with	odn	155 on) STATE There 1 136 50 DATE francis Wither dress YES NO 501 South for his Clase
COT COT	1	FATHER'S NAME Brist Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
and rem	119.	Frank Stake Stake Anna Grunds
ate be ician c lease and id		Same to the same t
rrificate b physician en please aval, and i		(485, DCCEASED EVER IN LS ARMED FORCES? (16b. SOCIAL SECURITY NO. 17 INFORMANT (1 yes give year orders at service)
physican plant		no no - Mayne nove, son-in-law, 119 confield
9 Pro 6	1	18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)
ath ndir it.		PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  ONCYTOR
ne death attendir permit. ian, ar re	1	DUE TO, OR AS A CONSEQUENCE OF
at the death cer the attending p nsit permit. The matian, ar rema		Conditions, if any, which gave)
em em em		rise to immediate cause (a), testing the underlying cause
The law requires that the death certificate be executed within 24 hours after in attending physician.  The has been signed by the attending physician and campletely filled in by the function between the burial-transit permit. Then please remave carbon papers. Rapes alth priar ta burial, crematian, ar remaval, and in any event, within 72 haurs effective.		651 / (1) MUCCUMULION SOLUTION
rin mgi marin mgi		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
IAN: The law rectal are attending of ficate has been afor use as the Effective attents of the attent of the attents of the att	-	1) 10 13 2 8 MESTILLIO KELLOV TELLIUNE, ELEGIAN
aw ndir bee bee		190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The law reathending attending has been se as the the priar ta	≧	YES NO CAUSES OF DEATH?
uss diff	CERTIFICATION	216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18)
far far He		
ING PHYSICIAN by the haspital ( frer this certifical be detached far State Dept. af He	MEDICAL	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 23e PLACE OF INJURY 1 AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town County State
HY ha ach ach epi		While to Not while to Control of the Building, ETC.
det he beet	П	While Not while of work at work at work that (1) (this hornital) attended the decorded from 2/2/14 3 19/04 to 19/04 that (1) (we) lost
by Starter	1	IXXO I CELLIA HIGHER HI
ENG ed Sid he	П	saw the deceased alive an 1908 and that in (my) (our) opinion deoth occurred by the dote and from the couses stated above. (1) (we) (did) (did not) view the bady after death.
E in batt	1,	726 SIGNATURE 221. DATE/SIGNED 121.
OR ATTENDING be retained by th DIRECTOR: After the 3 shauld be died with the State		SIZU COULU OU MUDEGREE ATTENDING DIRECTOR DIRECT
		220 PHYSICIAN S 22e ADDRESS 1 GA 1716 DS 1011 DA
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NES Tar,		2 12 12 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
O HO Page O FUN direct	230	BURIAL (REMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5 5 5 5 s	L	Burial 7-12-1968 Grand View Cenetery Cambria, Penna.
YR A15 (4) 30M REV. 1/68	24.	FUNERA D RECTOR Gawler's Sons, Inc., 5130 Wisc. Ave. JUL BY RESTRIBES
30M REV. 1/68		Joseph Gawler's Sons, Inc., 5130 Wisc. Ave. JUL 10 1968 Charles Juge





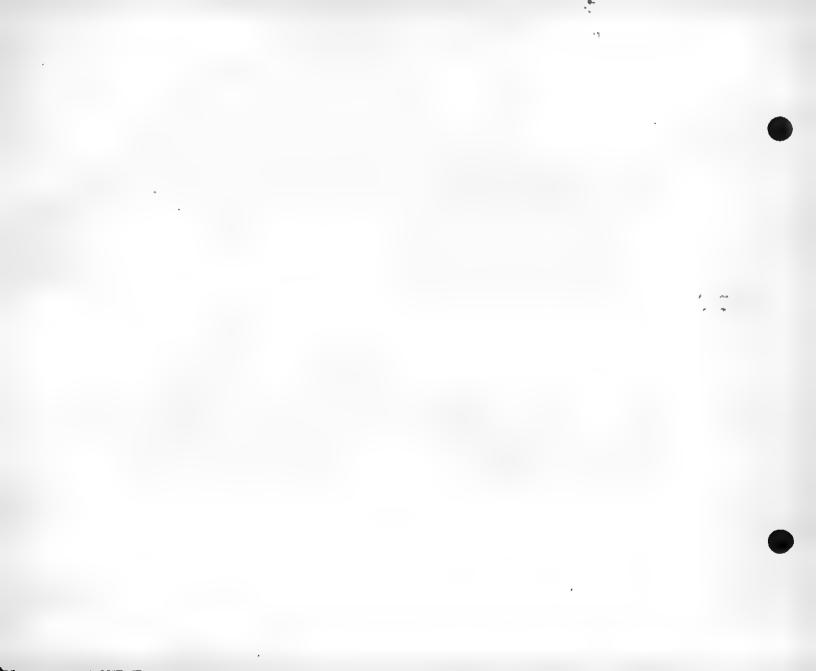


		MIANTENIO STATE DEPARTMENT OF HEACTH
· 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
771		ユンジウザ CERTIFICATE OF DEATH
Mad	1 DE	CEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR
		Month Day Year
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ifter e fi offe	J. JE	tost bucheoy) Months Day's Hours Min.
Page Page Irs		
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d tr 72		Md. D. WIDOWED DIVORCED Montgombry Md.
in eligible	10. (	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  12. USUA, OCCUPATION (Kind of work done during most of working life even if refired.)  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life even if refired.)  12. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life even if refired.)
ate be executed within 24 haurs after deat ician and campletely filled in by the funeral lease remave carban papers. Pages 1 and 2 and in any event, within 72 haurs after death	١.,	Cockville Grosvenor Lanethusing Home Salesman (INDUSTRY
d v ellete	130	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 135 CTY OR TOWN) Jud INSIDE CITY LIMITS? 136 STREET AND NUMBER
ump /	odm	5000) STATE Parkfill As 136 COUNTY montgomen Fitte YES NO Q 93/6 W. Parkfill Dr.
y d cc	14. F	ATHERS NAME First Middle Lost .S MOTHERS MAIDEN NAME First Middle Lost
an an in a		Wm. S. Cantrell Genny Burnett
ian iase ind	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT / Address
The law requires that the death certificate be executed within 24 haurs after deat attending physician.  has been signed by the attending physician and campletely filled in by the funeral see as the burial-transit permy then blease remave carban papers. Pages 1 and the priar ta burial, cremation, an removal, and in any event, within 72 haurs after deat		es, no, or unknown) (If yes give war or dailys of service) 361-29-705/A JAMES C. STOTLAR, SON.
# 4 8 B	H	APPROX.MAT. INTERVE
e 100 €		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  BETWEEN ONSET AND DEATH  DEATH (SECONDED)
e death attendir permy an, ar re		IMMEDIATE CAUSE (0) Arterioschertic Cardio voscula Vision 15 yrs.
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t the		Conditions if only, which gove itse to immediate couse (o), (b)
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es sicio ed al-ti al, c		last 4 1 1 / (c)
physician. physician. signed by the after burial-transit perm		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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nding the same same same same same same same sam	MIO	190. DATE OF OPERATION .96 COND. TION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
R ATTENDING PHYSICIAN: The low re retained by the hasp tal ar attending RECTOR: After this certificate has been 3 should be defached far use as the w th the State Dept. af Health priar tal	CERTIFICATION	YES NO REAL CAUSES OF DEATH?
or te	CERT	2 O ACC DENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)
fica far		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
Sp I	MEDICAL	(If either, not fy med collexominer) PM 19 21d INJURY OCCURRED 21e, PLACE OF INJURY AT HOME, FARM, STREET FACTORY ) 21f LOCATION Street or R.F.D. No. City or Town County State
PHYSICIAN: 1 the hasp tal or this certificate detached for us e Dept. of Healt		
det the Color		While Not while of work OFFICE BUILDING ETC
UDING d by the After J be d		22a. I certify that (1) (this haspital) attended the deceased from 1932 to 1968, that (1) (we) ast
ATTENDING standed by the CTOR: After is should be die the the State		saw the deceased alive an analysis and that in (aur) apinian death accurred on the date and haur and from the causes stated above (1) (we) (did (did not) view the body after death
To read the property of the pr		22b SIGNATURE 22c. DATE 5 GNED
OR A DE LE 3 Se d w		ATTENDING MED STAFF
on a special s		
nay nay pa		22d. PHYSICIANS NAME (Type) John Ewan. M.D.  22e. ADDRESS 916 19th St. N.W., Wash., D.C.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hasp tal ar attending physician.  TO FUNERL DIRECTOR: After this certificate has been signed by director, page 3 should be defached far use as the burial-transhauld be the State Dept. af Health priar ta burial, creating the state Dept. af Health priar ta burial, creating the state Dept.	_	John Ewait, Mana
HG Bge bau	23a	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Burial-Ren. 7-2-1968 Benton Cenetery Benton, Ill.
VR A15 (4)	24	Funeral Director Gawler's Sons, Inc., 5130 Wisc. Ave 250. Rec'd by Registrar 25b. Registrar's Signature Control of the Control
30M REV. 1/68		N.W. Wash. D.C. 20016 P. Will - 5 1968 Schools Judge



odmission) STATEOHTO  14 FATHER'S NAME First JERRY  160 WAS DECEASED EVER IN U.S. A Yes, no, or unknown) (1 yes give 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMME)  Conditions, if ony, which gov rise to immediate couse (o) stoting the underlying cous lost.  PART 2 OTHER SIGNIFICANT C	4. RACE Caucasion  7b. CITIZEN OF WHAT COUNTRY? UNITED STATES  11 NAME OF HOSPITAL OR INS: give street oddress NAVA  Geosed lives, if institution: Res dence before 17b COUNTY ACKSON  Middle WAYNE STURGILL  ARMED FORCES? give war or dotes of service)  16b SOCIAL SECURITY N NONE  1 only one couse per line for (o), (b) ond (c) 1 USED 8Y: EDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF TRICUSPID  Ve  (b)	L HOSPITAL  13c. CITY OR TOWN  JACKSON  IS MOTHERS MAID!  CAROL JE  10. 17 INFORMANT  JERRY WAY  HEART DISEASE	9. COUNTY OF MONTG D 9. COUNTY OF MONTG 120 USUAL OCCUPATION during most of working 1. ASIGE CITY LIMITS? 138. STI ES NO 21 EN NAME First EAN HOWELL  WE STURGIA	Y Month 7 Doy  6 AGE (In years lost birthdoy) YRS  DEATH  OMERY  (Kind of work done life, even if retired)  REET AND NUMBER  PUTMAN ST  Middle	IF UNDER 1 YEAR MONTHS TOWYS  12b KIND OF 1NDUSTRY  REET	Lost
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\$ 7545	(c)			n in part I(0)  Yes, were findings c	ONCOPERO N. C.	DIKUMA
190 DATE OF OPERATION 19	19b. CONDITION FOR WH.CH OPERATION WAS PER	YES 🔲	NO CAUSES	S OF DEATH?		KIIFTING
G CAUSE OF O	DEATH HOUR A.M. Month Doy Year		OR R.F.D. No. City	er Town	County	State
causes stated aba 22b. SIGNATURE 22d PHYSICIAN 5	(this haspital) attended the deceased alive an 27 JULY 19 ave, (1) (we) (d d) (did nat) v gw the b	DEGREE PHYS.	MED DIRECTOR SS	STAFF PHYS 220	DATE SIGNED	69
NAME (Type) H.E.	3b. DATE 23c NAME OF C	CEMETERY OR CREMATORY	AL HOSPITAL,	BETHESDA,  ON (City or Town)  (SON - Jack)	(County)	(Stote)

MAKTLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2g. DATE OF DEATH e funeral ss 1 and 2 ifter death. 1 DECEASED NAME Middle 24 hours after deoth (Type or print) 3 SEX 4. RACE S DATE OF BIRTH 6 AGE ( n years IF UNDER I YEAR last pirthdoy) MONTHS ] HOURS. 9 COUNTY OF DEATH To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED | NEVER MARRIED country) La Ξ WIDOWED DIVORCED Horizon most of wark ng life, even if retired) 10 CITY OF TOWN OF DEATH NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 126 KIND OF BUSINESS OR certificate be executed within INDUSTRY g physicion and completery Then please remove carbon or removal, and in any event, wit Momemaken Jun Home 130 USUAL RESIDENCE (Where deceased lived of institution, Residence before admission) STATE CH13b. COUNTY 3d. INSIDE CITY LIMETS? 13e STREET AND NUMBER 14. FATHER'S NAME 15. MOTHER & MAIDEN NAME First First Middle Last CURGE INFORMANT L 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) (if yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY signed by the thrend buriol-tronsit permit. IMMEDIATE CAUSE (a) buriot, cremotion, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ; rise to immediate cause (a). requires that Page 4 may be retained by the hospital or ottending physician. DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) IO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS REIN OR MED CAUSES OF DEATH? YES -NO DE 2To. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Day HOUR A.M. (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street or R.F.D. No. City or Town County State While Not while at wark 22a I certify that (I) (this hospital) attended the deceased from , and that in (my) (and) opinion death occurred on the date and hour and from the sow the deceased alive oncouses stated above, (1) (was) (did not) view the body after death. 22b. SIGNATURE 22c. DATE BIGNED ATTENDING MED. DIRECTOR STAFF N DEGREE PHYS 22 ADDRESS 22d. PHYSICIAN'S NAME (Type) BURIAL CREMATION 23b DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) hurch Cemeteru 2Sq. REC'D BY REGISTRAR VR A15 (4) DATE AUG 5 30M REV, 1/68 Silver Spring. Md.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH 2b HOUR 1 DECEASED-NAME Last event, within 72 haurs after death. and (Type or pont) Month ANCE 3 5EX 4 RACE 5 DATE OF BIRTH 6 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS requires that the death certificate be executed within 24 haurs after lost b rthdoy) WHITE MONTHS DAYS HOURS FEB. 22. -EMALE YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED To BIRTHPLACE (State or foreign country) WASH. papers. sician, and campletely filled in alease remave carban papers. U.S. A WIDOWED TO DIVORCED 12a USUAL OCCUPATION Kind of work Lone 10. CATY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give\_street, oddress) 130 LSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY, OR TOWN) 13d HISIDE C DY LIM TS? 13e STREET AND NUMBER admission) STATE 13b COUNTY Jakoma Park NOF YES Y 14 FATHER'S NAME Last 15. MOTHER& MAIDEN NAME First 7 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address. Yes, no, or Jaknawn) (If yes give war or dates of service) 0535 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove t rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16.1 as the prior tak Page 4 may be retained by the haspital ar attending IO FUNERAL DIRECTOR: After this certificate has been 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20à. AUTOPSY? 206 JF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ed far use o af Health p YES [ 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBLTING TEAUSE OF DEATH HOUR-A.M-(If either, natify medical examiner) detached ( at HOME, FARM, STREET, FACTORY, ) 21f LOCATION Street or R.F.D. No 21d INJURY OCCURRED 210 PLACE OF INJURY City or Town County State While Not while at work men 22a. I certify that (1) (this hospital) attended the deceased from 19 60, ta 22b SIGNATURE WINNA OOD WEETING TO WINE DAGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIANS 15015 Flower Valley Couft NAME OF CEMETERY OR LIBEMATORY ROCKYILLO 2801 20 PATION PRINT OF TOWNS JOY 230 BURIAL CREMAT ON 23b DATE (County) 25K/ REGISTRAR S SIGNATURE FEINERAL DIRECTOR VR A15 (4) 30M REV 1/68



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1	١.	67	DIVISION OF VITAL RECORDS,	301 W. PRES	TON STREET, BALT	IMORE, MARYLAND 2120		7 1
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1 N N 2	1. D	ECEASED NAME First	Middle		Lost	2o. DATE OF DEATH		2b. HOUR
		(ype or print) John	Frank	Swaff	ord		Doy 1968	2:10An
4 6 8 6	3. S	Y	4 RACE		DATE OF BIRTH	6 AGE (in years	JE JINDER YEAR	IF UNDER 24 HRS.
afte he f yes afte	ŭ. 3	Male	White			York #/ W lost-pirthdoy)	MONTHS DAYS	HOURS MIN
Page Urrs	70	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	1.	- 7 7 7	9. COUNTY OF DEATH	RS.	
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D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death restificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after death.	10 nT	city or town of death a koma Park	11 NAME OF HOSPITAL OR IN give street oddiess) Washineton		hospital 12a USU during m	AL OCCUPATION (Kind of work do ost of working fe, even if retire Railroad		
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interior content	nbo M	ission) STATE aryland	13b COUNTY Montgomery	Takoma	OFF REST. N	□ 7130 Willow	Ave.	
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and and in o		James	Swafford		NAMEN Man		mia	
arte rian and	160	. WAS DECEASED EVER IN U.S. ARA	AED FORCES? 16b. SOCIAL SECURITY			Address		
iji Sara		(es, po, or unknown) (If yes give w	rar or dates of service) 219-01-29	29 Hos	n. Record			
ng v	F		ly one couse per line (of )a), (b), and (c)				APPROXIM	LATE INTERVAL
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SIC SIC SPINITE TO THE SECRET	MEDICAL	(If either, not fy medical examinated in the state of the	DEACE OF INITIDY AST HOME FARM STREET FA		TON Street or R.F.D. No	City or Town	County	Stote
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OR John Tele 3 sed will be a s		To la	a ditto	DEGREE	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	フーノーガ	X
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TO HOSPITAL (Poge 4 may be 10 FUNERAL D director, page shauld be file		NAME (Type)	HN L. FO	KU	8120	EK CPR	120 2	WO. Z
I OSI	23a	BURIAL CREMATION, 236	DAJE 23c. NAME OF	CEMETERY OR CRE	MATORY	23d. LGCATION (City or Town)	(County)	(State)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral Pages 1 and 2. Middle 20. DATE OF DEATH 1. DECEASED NAME 2b. HOUR (Type or print) 24 hours after 4. RACE DATE OF BIRTH 6 AGE (In years IF LINDER 1 YEAR MONTHS BIRTHPLACE (State or foreign 7b. CIT ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔽 NEVER MARRIED campletely filled in papers. MIDOMED ! DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital and in any event, within 10. CITY OR TOWN OF DEATH Mb KIND OF BUSINESS OR certificate be executed within give street address? remave carban 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER YES DO NO [ 14. FATHER'S NAME Middle Last 15. MOTHER S MAIDEN NAME First Middle Last UNKNOWN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no. or unknown) burial, crematian, ar remaval, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) DUE TO. OR AS A CONSEQUENCE OF Conditions if any, which gave ! burial-transit nse to immediate couse (a), signed by stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending as the prior to l FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES -NO F 21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d INLURY OCCURRED City or Town Stote Caunty While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from... \_\_\_\_\_, and that in (my) (our) opinion deoth occurred on the date and hour ond from the saw the deceased alive on\_\_\_\_\_\_19\_\_\_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATUR ATTENDING DEGREE director, page should be filed 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23a BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAT.ON (City or Town) Burial (Specify) Silver Spring. 7-31-68 Gate of Heaven Cem. 25g. REC D BY REGISTRAR 24 FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland AUG 5

MARYLAND STATE DEPARTMENT OF HEALTH

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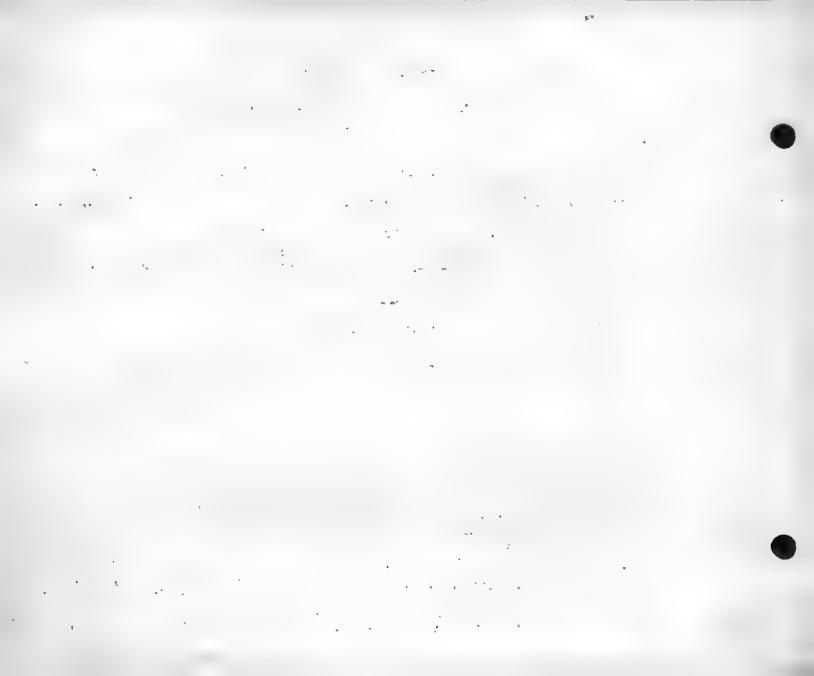
MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME 2g. DATE OF DEATH First Last signed by the attending physicion and completely filled in Weitze funeral burial-transit permit. Then please remove carban papers. Pages on 2 burial, cremation, or removal, and in any event, within 72 hours after death. (Type or print) Month Yeor Newton. 3 SFX 4. RACE 5 DATE OF BIRTH IF LINDER I YEAR MONTHS I DAYS HOURS 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 8. MARRIED 71.5 A MENTADINA requires that the death certificate be executed within 24, h WIDOWEDY DIVORCED [TT 120 USUAL OCCUPATION (Kind of work done ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital ? 12b. KIND OF BUSINESS OR 13e STREET AND NUMBER 130, USUA, RESIDENCE (Where deceased lived, if institution: Residence before 13b. COUNTY 15. MOTHER'S MAIDEN NAME First Middle William Newton Todd Lavinia Jane Sheridan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Brother 16b SOCIAL SECURITY NO 17 INFORMANT Cowdersport, Pa. Yes, no, or unknown) (If yes give wer or dates of service) Chester W. Todd Unknown Carcinoma of Prostate with Metastisis 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to . 9a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 📑 21a ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) P.M. O FUNERAL DIRECTOR: After this certy director, page 3 should be detached 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME FARM STREET, FACTORY, ) 21f, LOCATION Street or R.F.D. No. State City or Town County While Nat while at work 22b. SIGNATURE **ATTENDING** DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS Georgetown Rd. Maryland 7936 Old JOHN G. BALL NAME (Type) Bethesda. 23d LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Geo. Washington Mem. Park, Hyattsville, Maryland 7-6-68 REC D BY REG STRAR FLANERAL DIRECTOR 30M REV. 1/68 Wissau



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 1. DECEASED NAME First Lost 2o. DATE OF DEATH 2b. HOUR death rons offer death uneral (Type or print) \_Month Doy Year ED WAR 10LBERT 3. SEX 4 RACE 5. DATE OF BIRTH haurs after 6. AGE (In years last birthday) HE LINGER I YEAR IF LINGER 24 HRS. MONTHS OAYS HOURS MALE WHITE YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) MONTGOMER WIDOWED DIVORCED [ REGINIA requires that the death certificate be executed within 24 and campletely filled remove carban pape directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pag shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kindle) work done 2b KIND OF BUSINESS OR give street oddress) duting most of working life, even if retired.) INDUSTRY LRA BETHESDA BURBAN DELIVE 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 136 STREET AND NUMBER YES 🔀 Rockville 230 HOWARD 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle physician and OLBERT FANN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address Yes no, or unknown) 226-32-3286 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND CEATH 705-IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove TO FUNERAL DIRECTOR: After this certificate has been signed by the directar, page 3 shauld be detached for use as the burial-transit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196. CONDITION FOR WHICK OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO M 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) TO HOSPITAL OR ATTENDING PHYSICIAN: 216 TIME OF INJURY OR CONTRIBUTING . CAUSE OF CEATH be retained by the haspital HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote White Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 1967, 1967, to 1967, to 1967, that (I) (we) last saw the deceased alive an 1967, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS 22d-PHYSICIAN'S 22e ADDRESS NAME (Type), 50 w. ud worten Co her 23o. BUR AL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Bull HI (Specify) 7/8/68 New Dublin New Dublin, Virginia 24 FUNERAL DIRECTOR PUNERAL Home-1331 Rockville Pike 2So REC'D BY REGISTRAR 250. REGISTRAR 5 SIGNATURE VR A15 (4) 1968 30M REV 1/68 Rockville, Md.







DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH \$ 11m#G402 7/22,60 VMD DECEASED NAME Last 2g DATE OF DEATH and in any event, within 72 hours after death (Type or print) Henderica 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR lost birthdoy) 24 hours 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. WIDOWED DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 LSUAL OCCUPATION (Ind of work done during most of warking life leven if ret red ) INDUSTRY remaye carbon 130. US.A. RESIDENCE (Where deceosed lived if institution Residence before 13c CITY OR TOWN admission) STATE 15b COUNTYO 13e STREET AND NUMBER 13d INSIGE CITY LUMITS? Landover 14 FATHER'S NAME First Middle MOTHER'S MAIDEN NAME First COBUS NOWA 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT Yes. no. or onknown) burial, crematian, ar remaval, IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if any, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? TO FUNERAL DIRECTOR: After this certificate has director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health p NO TO YES [ 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street of R.F.D. No. City or Town County State While Not white at work 22a I certify that (I) (this hospital) attended the deceased from March 1965, to Tuly 14, 1966, that (I) (we) last saw the deceased alive an July 13 1966, and that in (my) (eur) apinian death accurred on the date and have and from the causes stated abave. (H) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING DIRECTOR PHYS 22d. PHYSICIAN'S 22a. ADDRESS NAME (Type) 230 LOCAT ON (City or Town) 23g. BURIAL, CREMAT ON, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County VR A15 [4] 30M REV, 1/68

MAKYLAND STATE DEPARTMENT OF HEALTH



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	69
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 Date KNOWN Month Day	Year 2b HOUR
\$ 0 m _ to	(Type by Prnt)	5- 1968 P.N
delay and 3	3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER ) YEAR IF UNDER 24 HRS 2C. DATE PROMOUNCED DEAD	Yeor 7:30
S REVE	Female White Apr. 15,1901 67 YRS MONTHS DAY'S HOLRS MIN Month Doy 27	Yeor 1968 P.M
De 1, 2, 1	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARKED NEVER MARRIED 9. COUNTY OF DEATH	
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deoth re Pages with for		KIND OF BUSINESS OR
₩ ## CD?	Betnesda 8202 Kentbury Drive Housewife	J.K.
with death.	ogmission) STATE - LISE COUNTY	Danizzo
	Maryland Montgomery Betnesda 15 km 10   8202 Kentoury	
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in pe in pe il Exar Il Exar t. File vin 72	18 CAUSE OF DEATH (Enter any one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d be executed and an area of the following transit perm to Francia to execut within	PART I. DEATH WAS CAUSED BY. Coronary Insufficiency, Acute	Sudden
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is certific te, writin forward forward e used a removal,	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
forv forv forv	190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter palure of nicry in Part Lor Part 2, them 18	YES NO DE
-C 0 0 -A	21d EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18	
INER: The central should be files.  3 should botton, or	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21t LOCAT ON Street or R.E.D. No. (1 vor Town) Co.	
(AMINICAMINE of the cour file age 3 streemot		ounty State
XAM interth ge 4 your crem	WHILE NOT WHILE Tactory, office building, etc.)	
ICAL EXAMINER: t execute the cert for. Page 4 shoult ad for your files. CTOR: Page 3 shoul buriol, cremot on	22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection 🔀 , Inquiry 🛣 ,	and in my apinian
elose exect director. Pa stoined far DIRECTOR:	death resulted from: Natural causes 🕱 , Accident 🗌 , Suicide 📋 , Homicide 🗍 , Undetermined manner 🗍	
pleose e I director retoined	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
	SIGNATURE AD ASSISTANT MEDICAL EXAMINER 226 DATE SIGNI	27. 1968
o DEPUTY necessary, p the funeral s may be re o FUNERAL Health prio	EXAMINER'S JOHN G. BALL DEPUTY MEDICAL EXAMINER July 2 ADDRESS (Street, cty, town, or county) Bethesda	
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F 4	Cremation 8-30-68 Cedar Hill Gematory Suitland, Maryl	,,
**	24 FUNERAL D RECTOR ADDRESS 250 REGISTRAR 250 REGISTRAR S SIGNA	ATURE
VR A15ME (5)	ROBERT A. PUMPHREY, Bethesda, Maryland DATE SEP 3 1968 golden	es Judge



	1	· 0070		STATE DEPARTMENT OF HI		100.
		10076 D	-	OI W. PRESTON STREET, BALTIN	MORE, MARYLAND 21201	~~ R5
The state of the s	_			ERTIFICATE OF DEATH		
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bau hau	76 1		CITIZEN OF WHAT COUNTRY?	MAKKIED   METER MORKIED	COUNTY OF DEATH	
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ad v	130	JSJAL RESIDENCE (Where deceased	ived, if institution Residence before			
amp	QUIN	ission) STATE Maryland	Vb counKnne Arundel	Annapolis YES IN NO		ıd
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be n an		Herbert	W. Vogt	Dolores	L.	Miller
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tten as b as b pric	CERTIFICATION	170, DATE OF OPERATION 170, COR		YES X NO	CAUSES OF DEATH? Yes	
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IAN al o ficat far Hec	8	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical exominer)		SIC HOM HEIGHT OCCORRED (EIRM	rossie de injusy in rust i di russ 2, tie	NIK 115./
ATTENDING PHYSICIAN; stained by the haspital on CTOR: After this certificate shauld be detached far if the State Dept. af Hea	MED,	214 MILIDY OCC BRED 121- DIA	P.M. 19	DEV 1 215 LOCATION Count of D.E.D. No.	City or Town	County State
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Affred by Street		saw the deceased alive	e on July 12	68 , and that in (my) (our) apin ady after death	ian death accurred on the date	and have and fram the
the Section of the se	1	causes stated abovie, (I	) (we) (did) (did nat) view the b	ady after death		
Man Hand		22b SIGNATURE	1/2-	ATTENDING - ME	D. STAFF ren ( / /	ATE SIGNED
OR be r		(d. ). 1	Were 1	. 2	ECTOR PHYS. X	gally 68
TAI Po pe fu		22d PHYSKIAN'S NAME (Type) Dr. T. T	WARE, M.D.	22e ADDRESS	ital, Bethesda N	16
NER Star,						1.00
FO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, creater the state Dept. af Health priar to burial, creater the state Dept. af Health priar to burial, creater the state Dept.		BORIA., (REMATION, 23b DAT	TULY 1968 naval h	emetery or crematory nospital cemetary	23d LOCATION (City or Town) ANNAPOLIS MARYL	(County) (State)
5 5 7		FUNERAL DIRECTOR	ADDRESS	250 RECOBY		
VR A15 (4) 30M REV 1768	H	ARDESTY FUNERAL I	HOME, ANNAPOLIS M	ARYLAND DATE JU	17 1968 Kilia	reas Judge
				DAIL	-	



1 1		MARYLAND STATE DEPARTMENT OF HEALTH
managers again		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	1.0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  CEASED NAME  Medical Examiner'S CERTIFICATE OF DEATH  CONTROL OF DEATH  Dot DATE KNOWN Month Day Year 12b HOUR
HEALTH DEPT.		Vine of Print)
selay is nd 3 ta	2.50	X 14 SACE S DATE OF BIRTH 16 AGE (n years I F UNDER 24 HS) 20 DATE PRONOUNCED DEAD 29 HOUR
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À	70 F	SIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
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ages ages ith a State	10 0	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (I not in hospital 12g L.St.A. OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
dea e Po will		Kensing Ton Grant
Give ang th 1		USLAL RESIDENCE (Where deceased lived, if institution- Residence before 13c. CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER
s af 18. 9 alc 2 wi dea	01	I'm ssion) STATE md 136 COUNTY Ringe Gentle Upper MARINED YES INO I 1/10/ Bellon Staut
thours after death tem 18. Give Pages. Office alang with ar rand 2 with the State after death	14 F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
This certificate should be executed within 24 hours after death icate, writing the ward "pending" in peorit in tem 18. Give Pagibe farwarded to the Chief Medical Examiners Office along with 18 be used as a burial-transit permit. File pages and 2 with the State removal, and in any event within 72 hours, after death		" UNK UNK
hin 24		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS es. no. or unknown) (If yes give wor or dotes of service)
n pepeli Examine File pos	. 1.	NO NONE 519603875 JEROME D. HILL 11101 Belton St. MARK MA
ICAL EXAMINER: This certificate should be executed with execute the certificate, writing the ward "pending" in perform. Page 4 should be farwarded to the Chief Medical Examples your files. CTOR: Page 3 should be used as a burial-transit permit. File burial, cremation, ar removal, and in any event within 72.		18 CAUSE OF DEATH (Enter on y one cause per line to (ta), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
xecuted nding' i Medical permit. p withis		MMICDIATE CAUSE (0) Could Control of Control
ent p		Conditions, fany/which gave)  DUE TO, OR AS A CONSTQUENCE OF  Conditions, fany/which gave)
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bical Examiner: se execute the cert sctor. Page 4 should ned far your files. ECTOR: Page 3 shau	墨	21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, while and processing factory, affice building, etc.)  21f tOCATION Street or R.F.D. No City or Town (aunty State)
EXAM ute th uge 4 your Page		AT WORK AT WORK
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blease exect director. Po etained far DIRECTOR:		death resulted from Natural causes . Accident . Suicide ., Hamicide ., Undetermined manner
ITY DIC.  ry, please e eral director be retained RAL DIRECT prior to bu		ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF
AI AI Day		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER
DEPUTY Scessary, p in funeral may be in FUNERAL		EXAMINER'S BELDEN K LAP M.D. ADDRESS TOP MY COUNTY)
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health pr	230	BURIAL, CREMATION 23b. DATE 23c NAME OF CEMPLERY OR CREMATORY 23d 10CAT ON Kithy or Town (County) (State)
	1,00	REMOVAL (Spectful 7/31/1968 Ft Lincoln Cemetery Colmar Laner, Laryland
: 1	24.	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REG STRAR 250 REGISTRAR S SIGNATURE
VR A15ME(5)		alley Funeral Home Mt. Rainier, Ad. page 1 1968 Clearles Judge



<del>/</del> 1	1		DIVISION O			EPARIMENT OF STON STREET, BAL	HEALTH TIMORE, MARYLAND 21201	
•		1073			CERTIFICA	TE OF DEATH		я
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tificat syssical system		(as no, or unknown) (III yes give	ner or dates of service)	26-12-730	14 34	rence Warne	ex-wife	
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tal ar difficate be for us	ICAL CERT	21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA	TH HOUR A.F				er noture of injury in Port 7 or Port	2, Item 18.)
PHYSIC  has being being certification of the certif	MEDICAL	While Mot while Manager	PLACE OF INJUR		OCTORY) 21f LOC	ATION Street or R F.D, N	o. City or Town	County State
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ATTEN refaine ECTOR: should with th		couses stated above	e, (1) (we) (di	y(did not) view the	Hody after d	eath.	7 7 2	2c. DATE SYGNED
AL OR DAY be a page 3 page 3 e filed v		22d PHYS CIANS  WAME (Type) Onhor	de	1221	DEGRE	ATTENDING PHYS 22e ADDRESS	MED. STAFF DIRECTOR PHYS.	1/26/68
OSPI1 Be 4 m INER/ ctor,	220	20188	DATE CHA		CEMETERY OR C	DEMATORY"	23d LOCATION (City or Town)	(County) States
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VR A15 (4)	24.	MINERALDIEUS Carte	reey Inc	Silver Sp	8434-4 ring. M	d Aug 250, RECO	BY REGISTRAR 1968 REGISTRA	r's signature



<b>1</b>		THE COMP STATE DEPARTMENT OF MEASTER MARYLAND 21201
		CERTIFICATE OF DEATH
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r death uneral l'and raeath		11/W 9 01/E11 WOIDD 1 27 68 6 W
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s after deat the funeral trees 1- and Serres deat	1	Pemale White 10-27-95 lost birthdoy) YRS, MONTHS GAYS HOURS MIN.
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equires that the death certificate be executed within 24 physician. Signed by the attending physician and campletely filled burial-transit permit. Then please remove carban pape burial, crematian, ar remayal, and in any event, within 72	10.0	Md.  TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done / 12b KIND OF BUSINESS OR
		1. The give street address) / July during most of working life, even if retired 1: INDUSTRY
My Span //		LKoma Turk Wash, Jan, Thosp. Housewife
pple ca	adm	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INS DE CITY UNITS? 13e STREET AND NUMBER SSIGN) STATE 13b. COUNTY 200 13c
Scott		ma Mont. Silver Spring 12213 Shoreheld Kd.
and control in any	14. F	ATHER'S NAME First, Middle Lost 15. MOTHER'S MAJDEN NAME First Middle Lost
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ria ciar and and		WAS DECEASED EVER IN U.S. ARMED FORCES?   166. SOCIAL SECURITY NO   17. INFORMANT Address
certificate being physician c Then please	Y	es, no, or unknown (Il yes give wer or dates of service) . 182-40-8278 Hagaita Again
ph ph		APPROX MATE INTERVAL
re Tig	ш	18 CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (c).)  BETWEEN ONSET AND OFATH  PART I DEATH WAS CAUSED BY:
rmit dea	ш	PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CEREBRO-VASCULAR ACCIDENT  2 DAYS.
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# # # # # # # # # # # # # # # # # # #	ш	Conditions, if any, which gove) (b) CARCINEMA CERVIX WITH METASTASES ? YR.
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res that sician. led by that al-trans		lost.
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ten le	3	190 DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
수 물을 살로 수	CERTIFICATION	TES NO L
rate or u		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year
at a find	MEDICAL	The titler, natify medical examiner) P.M. 19
IYS reacher	×	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
this be		A MUME, PARK STREET, PACTURE)  216 PLACE OF INJURY (A MUME, PARK STREET, PACTURE)  217, LOCATION Street or R.F.D. No. City or flown County State of work of work
NG y the e d		22a. I certify that (1) (this hospital) attended the deceased from 7-12, 1968, to 7-24, 1968, that (1) (this hospital)
A TA TA	ш	sow the deceased glive on 7-22 and that in (my) (our) opinion death accurred an the date and hour and from the
# Page # Page #	Н	causes stated above, (1) (***) (***) (did not) view the body after deoth.
eta AI		226. SIGNATURE
OR ATTENDING PHYSICIAN: be retained by the haspiral at DIRECTOR: After this certificate pe 3 should be detached for the	ш	DEGREE PHYS. DEGREE PHYS. DIRECTOR D STAFF 7-24-68
NI O		22d. PHYSICIAN'S 22e ADDRESS.
SPITAL 4 may NERAL I tar, pag Itd be fill		NAME (Type) DWIGHT R. SMITH SCO PERSHING DR. SILVER SPRING,
OSI JNE DINE	230	BUR AL CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health priar to	1.00	BUR AL CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)  REMOVAL SPENSY: 27 JULY 1968 UNION CEMETERY GRATZ DOLPHIN PENN.
2 2	24	FUNERAL DIRECTOR 7 ADDRESS 256, REGISTRAR 256, REGISTRAR 5 SIGNATURE
VR A15 (4) 30M REV 1/68	15	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 2n DATE OF DEATH 2b. HOUR First requires that the denth certificate be executed within 24 hours after death. (Type or print) Vera Isabel Whalen 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 3. SEX Female lost bythday) White July 7, 1892 remove corbon popers. Pay 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [ ] NEVER MARRIED country) Montgomery Wash., D.C. U.S.A. DIVORCED | WIDOWED completely filled 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR Silver Spring give street address)
8613 Piney Branch Rd
130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 113c CITY OR TOWN during most of working life, even if retired } Housewife

CITY UM. TS? 113e STREET AND NUMBER 13d INSIDE CITY LINUTS? 13b. COUNTY on to omery 1. Marvland 8614 Garland Ave. Takoma Park 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME First Middle First Lost Alexander Cole M. Annie Denty gicion 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Quarters #1 Governer's Island Yes, no, or unknown) Mark A. Whalen director, page 3 should be detached for use os the burial-tronsit permit. Then should be filed with the State Dept. af Health prior to burial, cremation, or removal, 220-50-5971 18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cute Myocard DUE TO, OR AS A CONSEQUENCE OF rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 26654 S C 1 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate hos been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o, AUTOPSY? CAUSES OF DEATH? YES 🖂 NO T 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not white ot work 22b. SIGNATURE 22c. DATE SIGNED MY DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) John L. Ford M.D. 831 University Blvd. E. Sil.Spr., Md 23a. LOCATION (City of Town) 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE (County) (Stote) Spring Md. 1968 Mont 2 Gate of Heaven ADDRESS Francis

Montgomery

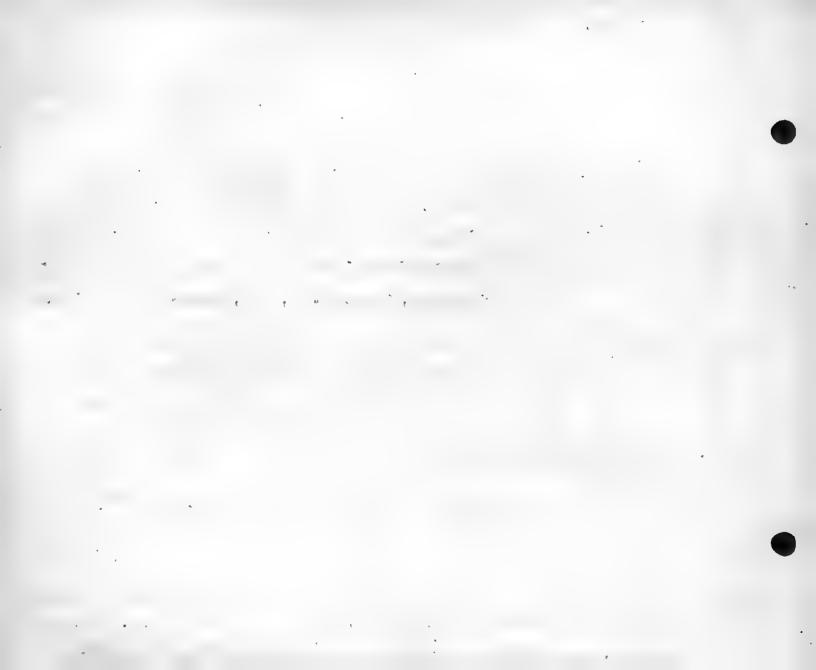
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TTEN inned OR: outld		couses stated above, (I) (we) (did) (did not) view the body ofter death.
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MAKTLAND STATE DEPAKTMENT OF HEALTH



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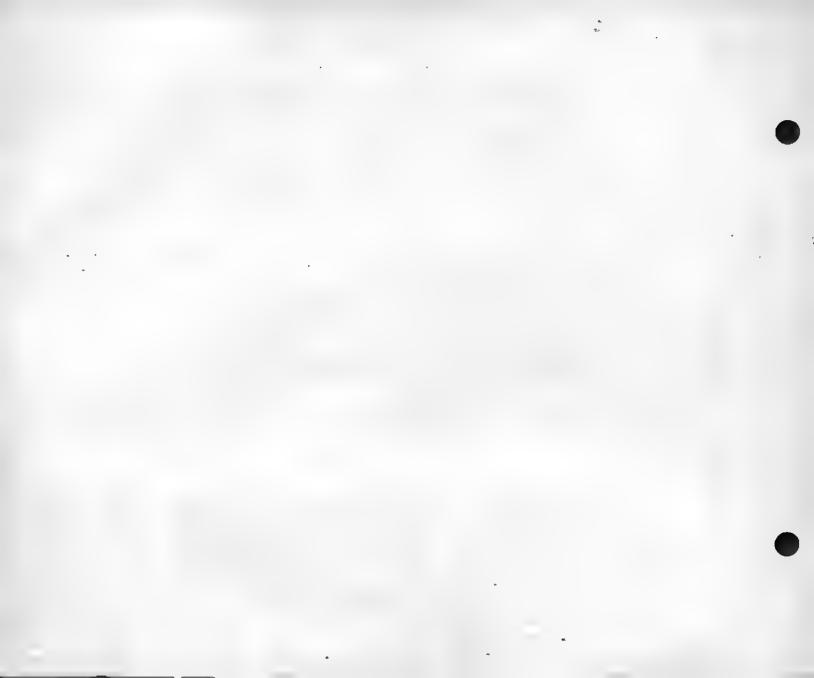
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item 5 Film G403 CENTERCHE OF DEATH CERTIFICATE OF DEATH Middle DECEASED-NAME requires that the death certificate be executed within 24 hours after death (Type or print) RACE 3. SEX Igst birthday) F JNDER KYEAR DAYS hours COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED filled in WIDOWED X Montgomery DIVORCED and in ony event, within 72 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPAT ON (Kind of work done 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR during most of working for even if retired.) INDUSTRY Home completely 130. JSJAL RESIDENCE (Where deceased lived, if institution Residence before 13e STREET AND NUMBER 3d INS DE CITY CIMITS? 13b. COUNTY Montgomery admission) STATE Silver SpringESKI 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First ond 166. SOCIAL SECURITY NO 37 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) 407 Pershina Dr 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by the otterdir burial-tronsit permit. Canditians, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 2Da. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO T 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) be retained by the hospital or 21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State Eity or Town County While Not while at work 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED. DIRECTOR MI DEGREE 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) Seruch J. Kimble 23a BUR AL, CREMATION, REMOVAL (Specify) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) Prospect Hill Cemetery Washington, District of 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE VR A15 (4) DATE JUL 30M REV, 1/68 umphrey Inc. 8434 Ga. Ave. S.S. Md

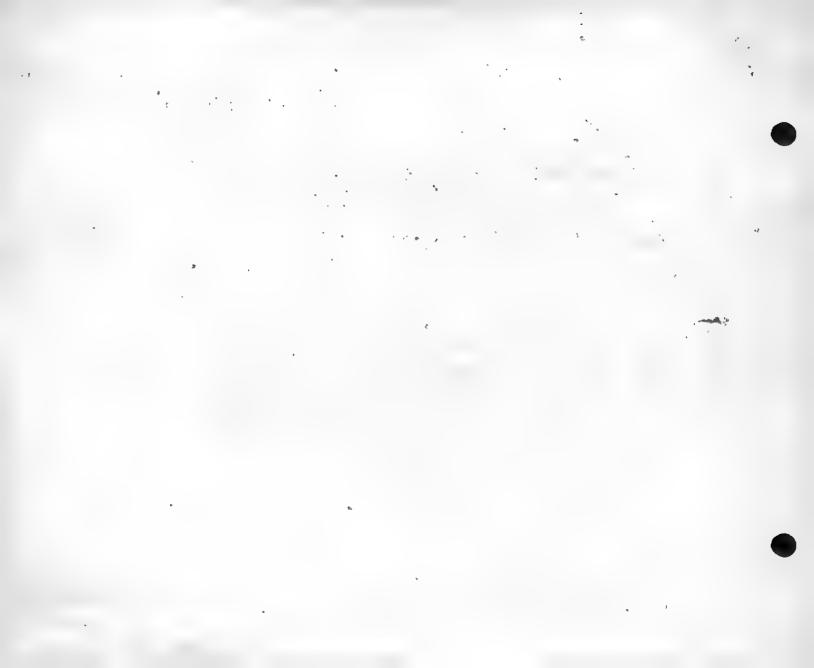


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH 2b. HOUR Middle Last I. DECEASED NAME First The law requires that the death certificate be executed within 24 haurs after death Month (Type or print) S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. 3 SEX 4. RACE DAYS lost birthdoy) HOURS papers. Pages thin 72 hours aff and completely filled in by the remove curban papers. Pages 15 700 YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8 MARRIED [ ] NEVER MARRIED [ country) DIVORCED [ WIDOWED L NIGENTER 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH own home during most of working life, even if retired.) 13c. CITY OR TOWN event, 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d INSIDE CITY JIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES TO NO SILVEX SPANIE 16/20 removal, and in any 14. FATHER S NAME IS MOTHER'S MAIDEN NAME First Middle Middle Last Stansbury the attending physician sit permit. Then please Address 166 SOCIAL SEGURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wer or dates of service) Yes, no, or unknown) William 9. Sturgeon 10323 Geranium Sve 579-XXX-7149 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN OWSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) 0 burial, crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave ) ETERUSCLERUT rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to t as the O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a DATE OF OPERATION CAUSES OF DEATH? YES T NO E use director, page 3 shauld be detached for use should be filed with the State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT HOME FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. State 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County OFFICE BUILDING, ETC. While Not while at work 220. I certify that (1) (this hospital) attended the deceosed from. . 19 3 7 to 22 Jucy . 19 6 8 that (I) (we) lost saw the deceased alive an. 4 April 1965, and that in (my) (our) apinian death accurred an the date and hour and fram the couses stated obove, (1) (wa) (did) (did not) view the body ofter death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. DEGREE PHYS 22e ADDRESS 22d. PHYSICIAN S NAME (Type AGER 23d LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY (State) 23b. DATE (County) 23c. BURIAL CREMATION, REMOVAL (Specify) Arlington, Virg Arlington National Cemetary urral 250. REC D BY REGISTRAR 24. FUNERAD DIRECTOR VR A15 (4) 30M REV. 1/68 29 1968 Phimphrey, Silver Spring.

MARYLAND STATE DEPARTMENT OF HEALTH



	1	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Water Committee of the		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH
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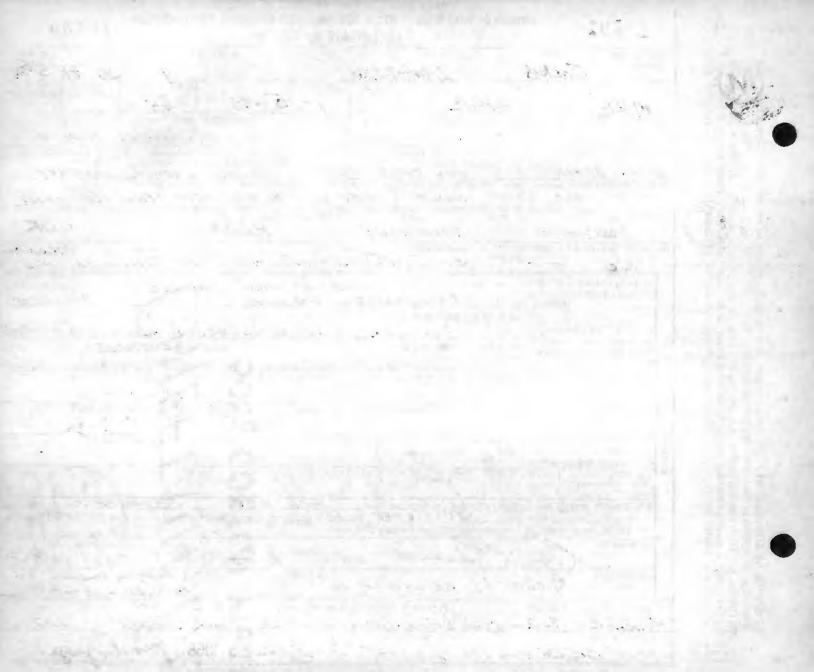
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	ļ.,	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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ATTEN etained CTOR: A should (ith the	Н	226. SIGNATURE 226. DATE SIGNED
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detached for use os the buriol-transhould be filed with the Stote Dept. of Health prior to burior, cree	230	BURIAL (REMATION.) 236 DATE 23C. NAME OF CEMETERY OR (REMATORY 23d. LOCATION (City or Town) (County) (State)
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	M	FUNERAY DIRECTOR 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV, 1/68	1/4	aluting Walter 254 Christ Mach 4 - DATUL 15 1968 October Quide



	MARYLAND STATE DEPARTMENT OF HEALTH
1.	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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OR. E	couses stated abave, (1) (we) (stid) (did not) view the body after death.
A P P P P P P P P P P P P P P P P P P P	22b. SIGNATURE DELLE TURGE MED. STAFF 22c. DATE SIGNED
P P P P P P P P P P P P P P P P P P P	O'DISOUTE SHAZE TO DIRECTOR TO SHAZE TO SO
Par Par Par Par Par	22d PHYSICIAN'S NAME (Type) FIND MAGI  22e ADDRESS NAME (Type) FIND MAGI  23 STATE STORY  23 STATE STORY  24 STATE STORY  25 STATE STORY  26 STATE STORY  27 STATE STORY  28 STATE STORY  28 STATE STORY  28 STATE STORY  29 STATE STORY  20 S
SPITAL OR ATTENDING PHYSICIAN: The law requires the 4 may be retained by the hospital or attending physicion.  VERAL DIRECTOR: After this certificate has been signed by for, page 3 should be detached for use as the burial-troiled be filled with the State Dept. of Health prior to burial, cre	NAME (Type) EINO MAGI , O 831 Univertity Blod E. Silver Spring
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages hould be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within	BUR AL CREMATION, 230 DATE 230 NAME OF CEMPTERY OR CREMATORY 230 LOCATION (City of Town) (Compty) (Stoles )
24 25 73 17	BAMOVAL (Specify) July-1968 1 St. Lyucyen, Describer 1 Hog Till
VR A15 (4)	24/ FLINGRAL THRECTOR 250 PEGISTRAP 250 PEGISTRAP 250 PEGISTRAP 250 PEGISTRAP 250 PEGISTRAP 250 PEGISTRAP 351GNATURE
30M REV 1/68	William fallers - Sanding the DE DATE 1000 property



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1041111 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2g. DATE OF DEATH (Type or print) Text 143 3. SEX 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR 6. AGE (In years last bighday) YRS. vithin 72 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED country) U. 5. A. DIVORCED [ WIDOWED | POLAND MONTGOMIERV COUNTV campletely filled in 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) INDUSTRY give street oddress SILVER SPRING 110517 +44NBR LAUNDRY WORMER 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREFT AND NUMBER 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? law requires that the death certificate be executed odmissian) STATE 13b. COUNTY 1400 FENOWICK MA YES 🔀 NO 🗔 SILVER SP. MONT 9 remar IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle UNK ZAWATSK please and in 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If was give wor or dates of service) 131-05-405 KENNETH ZAWATERY BOXSTUCKERMINA. crematian, ar remaval, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) CONGESTIVE CHARLE BETWEEN ONSET AND OFATI PART I. DEATH WAS CAUSED BY: MYOCARNIAN FAILURE IMMEDIATE CAUSE (a) DUF TO, OR AS A CONSFOLIENCE OF Conditions, if any, which gove ) signed by the burial-transit PULMONANCY CARCINOMA rise ta immediate cause (a), WITH METROTASIES DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(d) detached far use as the e Dept. af Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 19a. DATE OF OPERATION has CAUSES OF DEATH? YES 🔲 NO X certificate 21a. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State Dept. 21d. INJURY OCCURRED City or Town State County While Nat while at wark of wark 220. I certify that (1) (this hospital) attended the deceased from PCR, 1968, to TUCY 419 68, that (1) (we) lost sow the deceased alive on TUCY 19 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove. (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR ATTENDING directar, page 3 shauld be filed v DEGREE 22d. PHYSICIAN'S 22e. ADDRESS O FUNERAL NAME (Type) KRICHMAR 23b. DATE 23c. I NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a\_BURIAL, CREMATION (State) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR D BY REGISTRAR VR A15 (4) Ochanla 30M REV. 1/68



		MARYLAND STATE DEPARTMENT OF HEALTH
	~	16392 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	1	Item#11.FilmG403 8/5/68 km CERTIFICATE OF DEATH
		ECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
		DERINA DOWING ZEIGIER JULY 28 1968
	3. SE	Lock high day   Dock high day   Mourae   Mourae
	70 5	
	coun	MINING U.SA WIDOWED DIVORCED MONTGOMERY
0	10. C	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast of working life, even if retired.)  12a. USUAL OCCUPATION (Kind of work done during mast of working life, even if retired.)  12b. KIND OF BUSINESS OR INDUSTRY
-		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER
2		MO, MONTY DAMASCUS A 19338 HOISEY NOGA
1	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	160	WEEGON  WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT Address
		(es, na, ar unknawn) (If yes give war or dates of service)
		IB. CAUSE OF DEATH (Enter only one cause peg line for (o), (b), and (c).)  APPROXIMATE INTERVAL  OF DEATH (Enter only one cause peg line for (o), (b), and (c).)
п		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of Scarcemon of breast, appendixed metastases) 4 years
		174 X DUE TO, OR AS A CONSEQUENCE OF
		Canditians, if any, which gove
		rise to immediate couse (a),   DUE TO, OR AS A CONSEQUENCE OF
		lost. (c)
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	No.	170×
	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
(	RTIF	AEZ NO
	ICAL CE	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.)
	MEDIC	(If either, natify medical examiner) P.M. 19
	2	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STRET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City ar Town Caunty State While Not while
		at work of work
		22a. I certify that (I) (this tospital) attended the deceased from \$\frac{7}{24}, 19\hat{6}\text{3}, ta \frac{7}{7}\frac{7}{9}, 19\hat{6}\text{5}, that (I) \frac{19}{24}\text{5} as we the deceased glive an \frac{7}{7}\frac{9}{9}\text{5}, and that in (my) (too) opinion death occurred on the date and hour and from the
		causes stated above, (I) (did) (did) (size of view the body after death.
		226. SIGNATURE 226. DATE SIGNED 226. DATE SIGNED 226. DATE SIGNED
		DIRECTOR PHYS. DIRECTOR PHYS.
1		22d. PHYSICIÁN'S NAME (Type)  22e. ADDRESS
	,	
	230.	REMOVAL (Specify) 7-25-68 FORE SUICE A COMMETTER OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	24	REMOVAL (Specify) 7-25-68 FRIENDShip Cemeter Damascus Monta Md
	14.	V T A I B. I "I le parl
	1	1. L. Languella & Ochorale Mile DATE IIII 29 1988 Ochoras Surge

